

CASE REPORT

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# Solitary scalp metastasis – a rare presentation of hepatocellular carcinoma

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## Abstract

**Introduction:** Hepatocellular carcinoma (HCC) is among the commonest cancers in the world. Metastasis is one of the most significant factors affecting prognosis. Common sites of extrahepatic metastases include lungs, regional lymph nodes and less commonly bone.

**Case presentation:** A 56-year-old male presented with a painless occipital scalp lump of three months duration, with recent rapid enlargement. His skull x-ray showed a lytic lesion over occipital bone and the contrast CT scan of the brain showed a scalp mass with destruction of the adjacent skull. Core biopsy of the lesion revealed a metastatic deposit from a hepatocellular carcinoma.

**Conclusion:** Primary presentation with skeletal metastases are rare in HCC with only a few reported cases. Here we report a case of HCC presenting as a solitary scalp lump.

**Key words:** Hepatocellular carcinoma, Skull metastasis

## Background

Hepatocellular carcinoma is one of the most prevalent cancers worldwide, especially in Asia and Africa [1]. The high incidence of HCC in Asia is related to the increased prevalence of chronic viral hepatitis B [2]. HCC commonly metastasises to regional lymph nodes and lungs [3], and less commonly to bone. Cutaneous metastases are extremely rare with only few reports in the literature [4]. Though indicative of a poor prognosis, aggressive early identification and treatment can help improve the quality of life in these patients [4]. Here we describe a patient without previous liver disease presenting with a solitary skull deposit as the first manifestation of HCC.

## Case presentation

A 56-year-old male presented with a painless occipital scalp lump of three months duration, with recent rapid enlargement. There was no history of head

injury and no associated headache or vomiting. Despite a history of significant alcohol consumption for over 15 years there was no history of jaundice or prior liver disease. He was free of upper and lower gastrointestinal symptoms, his appetite was good and there was no weight loss. He was a diabetic for nine years on oral hypoglycaemic therapy. Examination revealed a non-tender, hemispherical, subcutaneous lump over the occipital region (Fig. 1a and b) approximately 10 cm in diameter. The lump was soft to firm in consistency, non-pulsatile and with no demonstrable cough impulse. His general and systemic examination including the abdomen was otherwise unremarkable with no stigmata of chronic liver disease and no focal neurological signs. His routine blood biochemistry including liver function tests was normal. His skull x-ray showed a lytic lesion of the occipital bone. The contrast CT scan of the brain showed a scalp mass with destruction of the adjacent skull vault and intracranial extension but (Fig. 2) no penetration of the meninges. Core biopsy of the lesion revealed a metastatic deposit from a hepatocellular carcinoma. This was confirmed by immunohistochemical analysis demonstrating positivity for alpha fetoproteins and hepar 1. Subsequent triple phase CT scan of the abdomen (Fig. 3)

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