

SUMMARY

Hepatocellular carcinoma (HCC) is the fifth most common malignant tumour over the world, representing more than 5% of all cancers, and the third most common cause of cancer-related deaths .

In Egypt HCC is the second most common malignant tumour , accounting for about 7.2% of chronic liver disease patients .

The prognosis of HCC is generally grave , approximately 75% of patients with hepatocellular carcinoma present with advanced, unresectable disease and some element of hepatic dysfunction, and in Egypt most patients presented in late stage in 85% of cases .

This study aimed to study patients attending to oncology department, Menoufyia University to identify trend, possible risk factors (age, sex, HCV, HBV, bilharziasis,), medical history, symptoms, signs, diagnosis, stages, metastasis & treatment. Menoufyia in the last ten years (2000-2010).

In this study, HCC has been commonly presented in males 70% more than females 30%.

On analysis of the results, we show that there is no significant difference between male & female regarding age, medical history (smoking, drinking) chronic diseases (hypertension, diabetes mellitus) symptoms (abdominal pain, abdominal swelling, yellowish colour of skin, general manifestation), signs (hepatomegally, splenomegally ,ascites, shrunken liver, jaundice, lower limb oedema) liver function tests, AFP, HCV , HBV , bilharziasis, U/S , triphasic CT focal lesion, liver state(cirrhosis), size, site & number of lesions, child pugh classification, type of treatment **but** The percentage of PVT(portal vein thrombosis) among female is significantly higher than male.

The mean age in the current study is 50 years, ranging from 20 years to 80 years.

Our study show There is non-significant difference between ≤ 50 & >50 years regarding female regarding age, medical history (smoking, drinking) chronic diseases (hypertension, diabetes mellitus) symptoms (abdominal pain, abdominal swelling, yellowish colour of skin, general manifestation), sings (hepatomegally, splenomegally ,ascites, shrunken liver, jaundice, lower limb oedema) liver function tests, AFP, HCV , HBV , bilharziasis, u/s & triphasic CT focal lesion, PVT, liver state(cirrhosis), size, site & number of lesions, child pugh classification, kind of treatment.

Our study show there were Number & percentage distribution of signs & symptoms among studied group show patients complains of abdominal pain 78% (356 cases) & abdominal swelling 27% (123 cases) & yellowish color of skin 31% (141 cases) & general manifestations (fatigue, wt .loss, fever) 58% (264 cases)

On examination of the patients show shrunken liver 36% (164 cases) & hepatomegally 87% (397 cases) & Splenomegally 26% (119 cases) & abdominal mass 19% (87 cases) & Ascites 21% (96 cases) & jaundice 13% (59 cases) & L.L. edema 11% (50 cases).

In this study 56.5% of patients were found to be HCV infection ,19.2% were positive to HBV infection, 52% of all cases had mixed infection &17% had non infection.

On analysis of the results we show there is non-significant difference between HCV negative cases & HCV positive cases medical history (smoking drinking) chronic diseases (hypertension, diabetes mellitus) symptoms (abdominal pain, abdominal swelling,

yellowish colour of skin, general manifestation), sings (hepatomegally, splenomegally ,ascites, shrunken liver, jaundice, lower limb oedema) liver function tests, AFP , U/S & triphasic CT focal lesion, PVT, liver state(cirrhosis), size, site & number of lesions, child pugh classification, kind of treatment.

On analysis of the results we show there is non-significant difference between HBV negative cases & HBV positive cases regarding SGPT , AFP C.T &U/S but The percentage of liver cirrhosis on detection is significantly higher among HBV the cases than HBV negative cases & Mean value of SGOT is significantly higher among HBV negative cases than HBV positive ones.

In this study, (17, 8%) of cases have history of bilharziasis

Our study show there is non-significant difference between Bilharziasis negative & Bilharziasis positive cases regarding AFP, liver function tests, PVT, Liver state (cirrhosis), C.T &U/S.

On analysis of the results only 21% (96 cases) of patients had AFP more than 200ng/ml.

In this study, we show Number & percentage distribution of medical history among studied group show smoking patients 44% (201 cases),patients had chronic diseases 59% diabetics & 21% hypertensive.

Our study show there are 251 positive (55%) cases of liver (Cirrhosis) on detection among studied group for 205 negative (45%) cases of liver (Cirrhosis) on detection among studied group.

In this study, most of the patients with HCC (62%) were Child **I**, followed by Child **II** (31%) then Child **III** (7%).

only 145 (31.7%) cases done CT guided biopsy for 311 (68.2%) not done CT guided biopsy.

On analysis of the results, we show the right lobe was predominantly more affected (44%) than left lobe (21%) while both lobes were affected in 35%.

Single focal hepatic lesions show in this study 46% (210 cases) of all cases and 45% (246 cases) multiple hepatic focal lesions were present in the rest of cases.

The tumour size in this study was less than 2 cm in 46% while 31% of patients had tumour ranging between 3 and 5cms patients had tumour while 23% of more than 5 cm.

In this study were found (22, 1%) to have portal vein thrombosis.

On analysis of the results we show For Number & percentage distribution of different types of treatment kinds there are 67% (306 cases) under Palliative treatment & 15% (68 cases) under Transarterial interventions treatment & 7% (32 cases) under Percutaneous ablative therapy treatment & 3% (14 cases) under Surgical treatment & 8% (36 cases) under not take treatment .

In this study we show Number & percentage distribution of metastasis show 62% (283 cases) metastasis of the tumor in the body of 38% (173 cases) abdominal metastasis & lung metastasis 13% (59 cases) & bone metastasis 8% (37 cases) & lymph node metastasis 3% (14 cases).