

# PRIMARY CARCINOMA OF LIVER WITH PREGNANCY

by

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Majority of the patients with carcinoma of liver belong to an age group where pregnancy is unlikely. The rarity of this neoplasm and its fatality in pregnancy has prompted us to present this case.

## Case Report

Mrs. R. D. 30 years, P 4 + 0; 5th. Gravida, 28 weeks pregnant, was admitted in the Labour Ward, Eden Hospital, Medical College, Calcutta on 17-1-81. Her presenting symptoms were upper abdominal pain, anorexia and yellow discoloration of eyes, skin and urine gradually developed in two weeks.

## Obstetrical history

P 4 + 0, All term, normal and home deliveries; all the babies are alive and well. Last child birth: 4 year back. She had no antenatal care in any of the pregnancies—past and current.

History of taking combined oral contraceptive pill for one year which was discontinued 3 (three) months before her the current pregnancy. No other significant history was available.

**General examination:** Patient cachectic, anaemia—mild; Jaundice—mild; thyroid, neck-glands—not enlarged; Pulse—120/min., B.P.—110/70 mm. of Hg; Temp.—100°F.; Respiration—20/min.; Heart, Lungs, breasts—nil abnormal;

groin nodes not palpable, leg veins not engorged. Visible oedema of dorsum ankle and shin borders of legs present.

## Abdominal examination

Umbilicus—not everted, veins not prominent. Liver—enlarged—4 fingers below the right costal arch in the midclavicular line and 8 fingers in the midline (epigastric region)—very firm, tender with gross nodularity mostly over the epigastric region. Size of the nodule about 2.5 c.m. in diameter. Spleen—not palpable. Ascites absent, kidneys not palpable.

## Obstetrical examination

Uterus—enlarged 24 weeks gestational size. External ballotment +, Fetal parts +, F.H.S. +.

**Investigations:** Hb—9.5 gm%; W.B.C.—T.C.—10,000/cu.mm. Blood sugar (2 hrs. P.P.)—76 mgm%.

Liver function tests (L.F.T.)—Serum bilirubin—2.5 mgm%; Total protein—6.3 gm%; globulin—2.2 gm%; S.G.O.T.—30 Units/ml.; S.G.P.T.—20 units/ml., alkaline phosphatase—5.2 K.A. units. Blood for alfa Fetoprotein—present.

**Urine:** Proteinuria +. Sugar Nil, Cells not significant. X-Ray chest—nothing abnormality detected. X-Ray of abdomen—shadow of huge sized upper abdominal lump along with fetal shadow visualised.

## Management

On admission she was treated with absolute bed rest, fat restricted diet and other supportive treatment for jaundice. On 21-1-81 i.e., 4 days after her admission she developed nausea

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Accepted for publication on 17-8-81.

and vomiting off and on. She was drowsy but responded on command. She also had respiratory distress. Pulse-30/min; respiration-40/min; dehydration +; intravenous infusion using 10% Dextrose solution was started. She was propped up, Oxygen inhalation and inj. deriphylline were given. She was also seen initially by Emergency Physician and subsequently by Visiting Physician of the Medical Ward. Clinical diagnosis was Hepatoma with Pregnancy. On their advice the regimen of parenteral infusion and other symptomatic treatment were continued. On 23-1-81 at 7.20 a.m. in the morning patient suddenly developed severe respiratory distress and pain in abdomen. Her blood pressure dropped to 90/50 mm. of Hg., and pulse was thready and imperceptible. Pressure rising drugs including steroids in heavy doses were given. But inspite of all resuscitative measures patient expired at 7-35 a.m.

#### **Postmortum report:**

While undertaking postmortem caesarean section to deliver the fetus, abdomen was explored. Guts, stomach, gallbladder were found normal. There was a huge liver lump with haemorrhagic manifestations all round with multiple big clots surrounded by. There was

also frank blood in the abdomen. A portion of the tumour mass was sent for histopathological examination which shows adeno-carcinoma of liver (Fig.).

#### *Discussion*

In this case the patient did not give any history of the suggested aetiological factors namely the evidence of pre-existing cirrhosis of liver or prolonged use of contraceptive pill. But rapid deterioration of the general condition, huge enlargement of the liver lump, jaundice, other investigative findings and finally post-mortem liver biopsy (Fig. ) confirmed the diagnosis of primary carcinoma of liver.

#### *Acknowledgement*

We are grateful to the Principal and Superintendent of Medical College and Hospitals, Calcutta for allowing us to publish hospital record.

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*See Fig. on Art Paper V*