



Title	Comparison of cryptogenic and hepatitis B related hepatocellular carcinoma
Author(s)	Siriwardena, RC; Niriella, MA; Dassanayake, AS; De Silva, AP; Gunathilake, B; Chok, KSH; Lo, CM; Chan, SC; Fan, ST; De Silva, HJ
Citation	The 129th Anniversary International Medical Congress of the Sri Lanka Medical Association (SLMA), Colombo, Sri Lanka, 24-27 July 2016.
Issued Date	2016
URL	http://hdl.handle.net/10722/237315
Rights	This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

COMPARISON OF CRYPTOGENIC AND HEPATITIS B RELATED HEPATOCELLULAR CARCINOMA

Siriwardena RC¹, Niriella MA¹, Dassanayake AS¹, De Silva AP¹, Gunathilake B¹, Chok KSH², Lo CM², Chan SC², Fan ST², de Silva HJ¹

¹Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka and ²Department of Surgery, University of Hong Kong, Hong Kong, China.

BACKGROUND

Viral hepatitis is the leading cause for hepatocellular carcinoma (HCC) globally. Cryptogenic or non-alcoholic fatty liver related HCC is increasing and is predominant in Sri Lanka (SL). Few studies have compared cryptogenic (cHCC) and hepatitis B (bHCC) HCC.

METHODS

Patients with HCC were screened at two centres, in Hong Kong (HK) and SL, from 2012-2014. HCC was diagnosed on typical CT/MRI appearance. Biopsy was performed when uncertain. Those with safe alcohol intake, no hepatotoxic exposure, and not having viral, autoimmune or inherited aetiology were considered cHCC. Demography, baseline liver status, tumour characteristics and treatment were compared between groups. A $p < 0.05$ was considered significant.

RESULTS

There were 891 patients (350-SL, 541-HK). All HK patients were HBsAg positive. Two HBsAg positive SL patients, and 363 with unsafe alcohol intake were excluded. There were no hepatitis C patients. cHCC=234 and bHCC=292 were compared. There was no difference in gender, presenting age, symptoms, transaminases, platelet counts, median tumour diameter, morphology and tumour stage at presentation between groups. Significantly more cHCC had diabetes [133vs.67], while more bHCC were cirrhotics [269vs.175]. At presentation, serum bilirubin was significantly higher in bHCC (1.2vs0.7), while INR (1.23vs1.1) and AFP (51u/lvs.26u/l) were significantly higher in cHCC. bHCC had significantly more surgical candidates [113vs.50], while significantly more cHCC were transarterial-

chemo-embolization (TACE) candidates [74vs.53]. More cHCC were unsuitable for active treatment despite similar tumour stage at presentation.

CONCLUSION

More cHCC had diabetes and occurred in non-cirrhotic livers. Compared to bHCC, fewer cHCC were candidates for surgery or active treatment at presentation.