

中文題目：以生物化療法逆轉大規模肝轉移所引起的非肝硬化性肝性腦病

英文題目：Noncirrhotic hepatic encephalopathy from massive liver metastases reversed by biochemotherapy

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**Background:** Hepatic encephalopathy was usually seen in the patient with liver cirrhosis combined with hepatocellular carcinoma. However, it was unusual in the patient with metastatic liver cancer. In noncirrhotic hepatic encephalopathy associated with metastatic liver disease, the tumor usually occupy and diffusely filtrate the majority part of the liver. The condition was critical and chemotherapy is risky.

**Case Presentation:** A 56-year-old man presented with left abdominal pain due to multiple liver tumors found by ultrasound in April 2016. A colonoscopy revealed rectal tumor and the pathologic examination confirmed adenocarcinoma of rectum. Besides, bone metastasis was also found. The cancer staging was cT4N3M1, stage IV. Due to advanced-stage rectal cancer, he was transferred to our hospital for further management in Aug. 5, 2016. However, general weakness with consciousness disturbance was found while he came to our hospital. His performance status was 4 evaluated by ECOG scale. Physical exam showed jaundice and icteric sclera, grade 2 pitting edema. Lab data showed albumin 1.8 g/dL, hyperammonia(69mg/dL), total bilirubin 14.37mg/dL, Alk phosphatase 733 IU/L, ALT65 u/L and AST 166u/L level. Early stage of hepatic encephalopathy was concluded. It was until 2 weeks before this admission, he became bed-ridden. After discussing with him and his family, they decided to receive chemotherapy.

Biochemotherapy with bevacizumab (5 mg/kg) was prescribed on Aug. 8 and 5-FU(600 mg/m<sup>2</sup>) with leucovorin was intravenously administered in Aug. 9 and Aug. 15 to the patient. After chemotherapy, the bilirubin level decreased progressively, 15.78(mg/dL) (8/8), 12.42(8/12), 7.55(8/18). Ammonia level was also decreased from 66(Umol/L)(8/8)->43(8/12)->32(8/18). His conscious disturbance and general weakness were improved after treatment. Besides, the performance status was getting better also after chemotherapy in the following weeks. Biochemotherapy with same dose bevacizumab and 5-FU were repeated in Aug. 24, 2016 again and it was done smoothly. He was then discharged on Aug. 29. Full dose of bevacizumab and folfiri was prescribed in Sep. 6, 2016 with normal ammonia level but slight hyperbilirubinemia was still noted, total bilirubin 3 mg/dL. Both his activity and performance status improved to 1-2 in the following weeks.

**Result:** In noncirrhotic hepatic encephalopathy associated with metastatic liver disease, the condition was critical and there is no guideline available for treating the the risky condition. Our experience suggests it could be reversed by target therapy in conjunction with conventional chemotherapy with the dose reduced initially in metastatic colorectal cancer. He is alive with ECOG 1 now and is still receiving biochemotherapy for cancer control at the time of writing up the abstract.

**Discussion:** In noncirrhotic hepatic encephalopathy associated with metastatic liver disease, the tumors usually occupy and diffusely infiltrate the majority part of the liver. The condition was critical and chemotherapy is risky. It was announced as a terminal condition.. On account of the patient presenting as a liver metastatic disease from rectal cancer and having not been treated with chemotherapy before, the chance of tumor response to biochemotherapy was around 60%-70%. Since his performance status dropped from ECOG 2 to ECOG 4 about 2 weeks prior to his presentation to our hospital, he has higher chance of benefit from the biochemotherapy. With the use of the full dose of bevacizumab target agent in conjunction with the reduced dose of chemotherapy initially, the patient was rescued from noncirrhotic hepatic encephalopathy with imminent death.