

CLINICAL IMAGES

Excavatory Skin Ulcer from Atezolizumab plus Bevacizumab Therapy for Hepatocellular Carcinoma

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Following the results of the IMbrave-150 trial, the combination of atezolizumab as well as bevacizumab represents a promising novel first-line therapy in patients with advanced hepatocellular carcinoma (HCC) [1].

An 81-year-old male was admitted in our institution with a chief complaint of abdominal fullness. Abdominal computed tomography (CT) revealed HCC. Moreover, esophagogastroduodenoscopy (EGD) revealed a concurrent primary gastric carcinoma. Tumor biopsy with radiofrequency ablation (RFA) was performed to rule out liver metastasis. Histology confirmed HCC.

We started atezolizumab plus bevacizumab therapy after 10 days following biopsy and histopathology of the tumor. After 2 courses, the patient's right abdominal wall had a grossly ulcerated lesion (Figure 1); CT revealed an underlying subcutaneous emphysema (Figure 2). The patient was treated conservatively for the skin ulcer.

The timing of specific therapy targeted against VEGF, including initiation and cessation, warrants careful consideration [2]. While dermatologic toxicity is rare it is potentially life-threatening.



Figure 2:

Keywords: Atezolizumab plus bevacizumab therapy, Advanced hepatocellular carcinoma, Radiofrequency ablation, Skin ulcer, Cancer-immunotherapy

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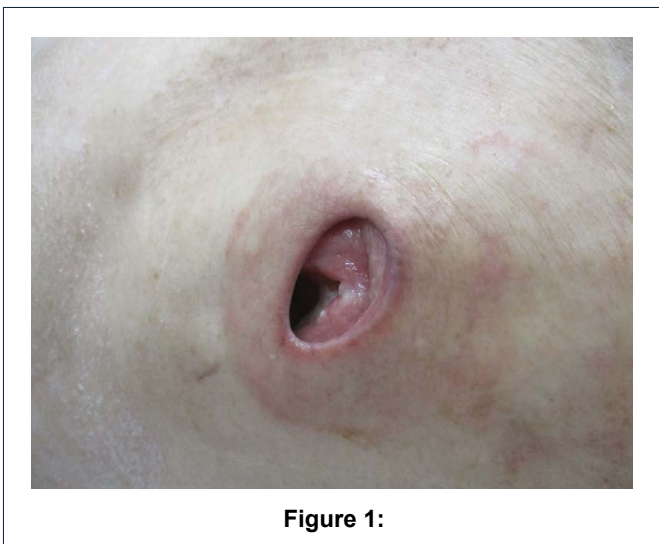


Figure 1:

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