

### QUESTION

1. A patient with a long history of alcohol abuse presents with a 2-week history of weight loss, anorexia, and weakness. The patient has a history of chronic liver disease and is currently on a low-fat diet. The patient's physical examination is notable for a 2-cm, firm, nontender, subcutaneous nodule in the right upper quadrant. The patient's laboratory studies are as follows:

Test	Result
White blood cell count	12,000/mm <sup>3</sup>
Hemoglobin	10 g/dL
Hematocrit	30%
Platelets	150,000/mm <sup>3</sup>
Prothrombin time	15 seconds
Partial thromboplastin time	35 seconds
Aspartate aminotransferase	150 U/L
Alanine aminotransferase	100 U/L
Bilirubin	2.5 mg/dL
Alkaline phosphatase	1,200 U/L
Gamma-glutamyl transaminase	180 U/L
Albumin	3.5 g/dL
Prothrombin time (INR)	1.5

2. A 65-year-old man with a long history of alcohol abuse presents with a 2-week history of weight loss, anorexia, and weakness. The patient has a history of chronic liver disease and is currently on a low-fat diet. The patient's physical examination is notable for a 2-cm, firm, nontender, subcutaneous nodule in the right upper quadrant. The patient's laboratory studies are as follows:

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3. A 65-year-old man with a long history of alcohol abuse presents with a 2-week history of weight loss, anorexia, and weakness. The patient has a history of chronic liver disease and is currently on a low-fat diet. The patient's physical examination is notable for a 2-cm, firm, nontender, subcutaneous nodule in the right upper quadrant. The patient's laboratory studies are as follows:

### ANSWERS

1. The patient's presentation is consistent with a diagnosis of hepatocellular carcinoma (HCC). The patient's history of chronic liver disease, weight loss, anorexia, and weakness are all suggestive of HCC. The physical examination finding of a 2-cm, firm, nontender, subcutaneous nodule in the right upper quadrant is also consistent with HCC. The patient's laboratory studies are consistent with liver disease, including elevated aspartate aminotransferase, alanine aminotransferase, and alkaline phosphatase, and decreased albumin and prothrombin time (INR).

2. The patient's presentation is consistent with a diagnosis of hepatocellular carcinoma (HCC). The patient's history of chronic liver disease, weight loss, anorexia, and weakness are all suggestive of HCC. The physical examination finding of a 2-cm, firm, nontender, subcutaneous nodule in the right upper quadrant is also consistent with HCC. The patient's laboratory studies are consistent with liver disease, including elevated aspartate aminotransferase, alanine aminotransferase, and alkaline phosphatase, and decreased albumin and prothrombin time (INR).

3. The patient's presentation is consistent with a diagnosis of hepatocellular carcinoma (HCC). The patient's history of chronic liver disease, weight loss, anorexia, and weakness are all suggestive of HCC. The physical examination finding of a 2-cm, firm, nontender, subcutaneous nodule in the right upper quadrant is also consistent with HCC. The patient's laboratory studies are consistent with liver disease, including elevated aspartate aminotransferase, alanine aminotransferase, and alkaline phosphatase, and decreased albumin and prothrombin time (INR).