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Sorafenib Induced Dysphonia in Advanced Hepatocellular Carcinoma: An often overlooked Adverse Effect

Dr. Joise P

Believers Church Medical College Hospital, Kuttapuzha, India

ABSTRACT

The landscape of therapeutic options in Advanced Metastatic Cancer have changed dramatically during recent years. The introduction of targeted therapies has had a major impact on therapeutic efficacy. Sorafenib is a vascular endothelial growth factor (VEGF) signaling pathway inhibitor, which suppresses tumour growth and invasion. Sorafenib is commonly used as an adjunct therapy to the standard chemotherapy in advanced Hepatocellular carcinoma. Anecdotal evidence exists on the laryngeal side- effects in those patients exposed to other VEGFR antagonists.

In this case we report, we present a case of Sorafenib induced dysphonia in a 61 year old male patient with Advanced HCC. To our knowledge this is the first case of dysphonia associated with Sorafenib.

INTRODUCTION

Sorafenib is the first United States Food and Drug Administration (US FDA)-approved first-line systemic therapy, and is also the standard therapeutic agent for advanced HCC. It is a Vascular Endothelial Growth Factor (VEGF) signalling pathway inhibitor with both tumor cell proliferation and angiogenesis inhibition properties. Despite anticancer benefits, angiogenesis inhibitor drugs are associated with reversible dysphonia.² Dysphonia is a phonation disorder that causes impairment in the ability to produce voice sounds using the vocal organs and this as a side effect is often overlooked and underreported. To our knowledge this is the first case of dysphonia associated with Sorafenib.

CASE REPORT

A 61 year old male with a history of chronic liver disease with portal hypertension and the mechanism ascites was found to have chronic parenchymal liver disease with ill defined intensity restricting lesion involving segment VIII and 4A on DWI, along with arterial phase enhancement but no contrast washout. In addition, the splenomegaly tumor thrombosis noted involving the main portal vein and intrahepatic branches and subsequently he was diagnosed with advanced HCC with Child Pugh Score A5.

He was started on IM brave regimen (Lenvatinib 4mg Twice a day) chemotherapy. After 2 weeks of treatment he started developing tolerance to the treatment and it was changed to Sorafenib. Sorafenib was continued for advanced HCC from CLD complications during this time.

At a follow up visit after cycles of Sorafenib, the patient complained of intermittent variations in his voice. He described periods of hoarseness in his voice after the chemotherapy. The patient's voice during the visit was inaudible, but not associated with pain or difficulty in breathing. Physical examination showed distended abdomen with features suggestive of ascites, pedal edema. Imaging studies was done with a plan to continue the treatment as he was responding well

Biography

Dr. Joise has completed Pharm D in 2020 from Kerala University of Health Sciences, India She is working as a Clinical Pharmacist in Believers Church Medical College Hospital, Thiruvalla, India. She has more than 7 papers in reputed journals and her primary areas of interest lies in Clinical Research and Medical writing.

sam.hughes2@nhs.net