



**Department of Medical Education**  
**Himalayan Institute of Medical Sciences**  
**Swami Rama Himalayan University**  
Swami Ram Nagar, P.O. Jolly Grant, Dehradun- 248016



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HIMS/DME/2025/95

Date: 24.04.2025

**Clinical Death Review**

**Date : 26.04.2025**

**Time: 08:30 AM – 09:30 AM**

**Day : Saturday**

**Venue: Adi-Kailash Auditorium  
(Near - Emergency Building)**

**Presenters:** Dr Harshita Singh, Junior resident (General Surgery)  
Dr Shreya Khanijo, Junior resident (Radiology)

**Moderator:** Dr Lakshmi Rao (General Surgery)

**Critics:** Dr Madiwalesh Chhebbi (Assistant professor Surgical Oncology)

**Abstract:**

Liver metastasis with unknown primary (CUP - Cancer of Unknown Primary) refers to the presence of secondary malignant lesions in the liver without identification of the original (primary) tumor site despite comprehensive diagnostic workup. It accounts for approximately 3–5% of all malignancies, but its occurrence in young adults is rare. The first formal documentation of cancer of unknown primary dates back to the early 20th century, though it was formally categorized as a clinical entity in the 1960s.

CUP as a whole contributes to 2–4% of all cancer cases in India. Cancers of unknown primary are extremely rare in individuals below 30 years, accounting for <1% of all CUP cases.

In females aged 20–29, the likely primaries for liver metastasis include:

Ovarian cancer: Especially aggressive epithelial types, which may spread to the omentum and liver,

Gastrointestinal tumors: Colorectal carcinoma is a key cause, even in young adults due to rising incidence, Germ cell tumors: Non-seminomatous types can metastasize rapidly to the liver,

Neuroendocrine tumors and sarcomas are rarer but documented.

Most Probable Causes of Death in Such Patients in advanced metastatic disease, particularly in cases with peritoneal carcinomatosis and liver involvement:

Sepsis, Multi-organ failure, Respiratory failure from aspiration pneumonia or pulmonary embolism, Cancer cachexia, Hepatic failure (in extensive liver involvement)

We are going to discuss a case of 20 year old young female who was admitted in emergency for evaluation and definitive diagnosis. Primary work up revealed her to be a case of Liver metastasis with unknown primary with Cirrhosis. In the course of further evaluation patient developed vomiting followed by an episode of unforeseeable desaturation with shock (aspiration pneumonia or pulmonary embolism is highly probable as the terminal event).

This case underscores the aggressive progression and diagnostic complexity of metastatic cancer in the young, with a rapid and unpredictable terminal phase. Early recognition of terminal events such as aspiration or thromboembolism is critical, though often unpreventable in advanced disease states.

**Programme for Clinical Death Review:**

Introduction	Dr Lakshmi (General Surgery)	05 minutes
History and Examination	Dr Harshita (JR. General Surgery)	15 minutes
Clinical course and Management	Dr Harshita (JR. General Surgery) Dr Shreya (JR. Radiodiagnosis)	20 minutes
Diagnosis and Discussion	Dr Lakshmi (General Surgery) <b>Critics:</b> Dr Madiwalesh Chhebbi (Assistant professor Surgical Oncology)	15 minutes
Questions & Answers		5 minutes

All Faculty & Post Graduate Residents are required to attend the CDR.

**Department: General Surgery**

Convenor .....  
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