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Portal hypertension exacerbates intrahepatic portosystemic venous shunt and further induces refractory hepatic encephalopathy: A case report

Ying-Hao Chang, Xiao-Lei Zhou, Dan Jing, Zhen Ni, Shan-Hong Tang

Abstract

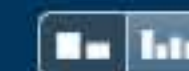
BACKGROUND

The intrahepatic portosystemic venous shunt (IPSVS) is a rare hepatic disease with different clinical manifestations. Most IPSVS patients with mild shunts are asymptomatic, while the patients with severe shunts present complications such as hepatic encephalopathy. For patients with portal hypertension accompanied by intrahepatic shunt, portal hypertension may lead to hemodynamic changes which may result in exacerbated portal shunt and increased shunt flow.

CASE SUMMARY

A 57-year-old man, with the medical history of chronic hepatitis B and liver cirrhosis, was admitted to our hospital with abnormal behavior for ten months. He had received the esophageal varices ligation and entecavir therapy one year ago. Comparing with former examination results, the degree of esophageal varices was significantly reduced, while the right branch of the portal vein was significantly expanded and tortuous. Meanwhile, abdominal ultrasound presented the right posterior branch of portal vein connected with the retrohepatic inferior vena cava. The imaging findings indicated the diagnosis of IPSVS and hepatic encephalopathy. Instead of radiologic interventions or

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Establishment of a transjugular **intrahepatic portosystemic shunt** (TIPS) has been widely used as an alternative to surgery in the management of complications of **portal hypertension** [].The presence of a TIPS, however, is associated with a high rate of **hepatic encephalopathy**, ranging from 3% to 35%, especially in cases of a marked decrease in portosystemic gradient [2, 4].

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Introduction. **Intrahepatic portosystemic venous shunt** (PSS), which is communication between the **intrahepatic portal** veins and the systemic veins, has rarely been reported since the first **report** by Raskin et al. in 1964 (). **Intrahepatic** PSS is now encountered more frequently with the developments of diagnostic imaging (2,3). Clinical manifestations of **intrahepatic** PSS depend on the **shunt** flow ...

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