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Budd-Chiari **syndrome** refers to the clinical picture that occurs when there is partial or complete **hepatic** venous outflow obstruction. It is characterized on imaging by ascites, caudate hypertrophy, peripheral atrophy, and prominent collateral veins.

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Ischemia Vena-**Occlusive disease** (VOD or SOS) Budd-Chiari **syndrome** (**hepatic** vein thrombosis) **Hepatic** sinusoidal obstruction **syndrome** (SOS), previously termed **hepatic** veno-**occlusive disease** (VOD), is characterized by hepatomegaly, right upper quadrant pain, jaundice, and ascites, most often occurring in patients undergoing hematopoietic cell transplantation (HCT) and less commonly ...

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Mar 29, 2013 · The occurrence of **Hepatic** veno-**occlusive disease** (VOD) is rale **liver disease**. However, severe VOD is often lethal and one of the most common causes of death following stem cell transplantation (SCT). **Case** 1 was a 30-year-old woman who was diagnosed as Budd-Chiari **syndrome** with **liver** failure. She was ...

Author: Hisamitsu Miyaaki, Tatsuki Ichikawa, ... **Publish Year:** 2013

Budd-Chiari syndrome: Management - UpToDate

https://**www.uptodate.com**/contents/**budd-chiari-syndrome**-management

Nov 15, 2018 · Budd-Chiari **syndrome** is defined as **hepatic** venous outflow tract obstruction, independent of the level or mechanism of obstruction, provided the obstruction is not due to cardiac **disease**, pericardial **disease**, or sinusoidal obstruction **syndrome** (veno-**occlusive disease**) . Primary Budd-Chiari **syndrome** is present when there is obstruction due to a ...

Redefining Budd-Chiari syndrome: A systematic review

https://**www.ncbi.nlm.nih.gov**/pmc/articles/PMC4909431

Jun 08, 2016 · INTRODUCTION. Budd-Chiari **syndrome** (BCS) was originally described as a rare **vascular** disorder that encompasses an array of symptoms due to obstruction of **hepatic** blood outflow at the level of the **hepatic** veins or **hepatic** portion of the inferior vena cava (IVC)[].The symptoms resulting from this type of occlusion of the **hepatic** outflow, "classical BCS", were first described by Budd[2,3] in ...

Cited by: 9 **Author:** Naomi Shin, Young H Kim, Hao Xu, Hai-B...
Publish Year: 2016

Hepatic amyloidosis leading to hepatic venular occlusive disease and Budd-Chiari syndrome: A case report

Ting-Ting Li, Yi-Fan Wu, Fu-Quan Liu, Fu-Liang He

Abstract

BACKGROUND

Systemic amyloidosis in which multiple systems can be involved has become a common clinical disease. When the liver is affected, symptoms such as abdominal distension, fatigue, edema, liver, and jaundice, could appear. To date, hepatic amyloidosis combined with hepatic venular occlusive disease and Budd-Chiari syndrome has not been reported.

CASE SUMMARY

A 54-year-old female patient was admitted to the Beijing Shijitan Hospital with hepatic amyloidosis leading to hepatic venular occlusion and Budd-Chiari syndrome in 2018. The patient underwent surgery one month previously for liver rupture and hemorrhage after Budd-Chiari syndrome was diagnosed. She was diagnosed with hepatic venular occlusion, liver amyloidosis, Budd-Chiari syndrome (*i.e.*, extensive hepatic vein occlusion). Transjugular intrahepatic portosystem shunt (TIPS) was performed. After the treatment, the clinical symptoms improved markedly with increase in urine volume.

CONCLUSION

Hepatic amyloidosis with hepatic venous occlusion and Budd-Chiari syndrome is relatively rare clinically, and TIPS is an effective treatment for this disease.

INTRODUCTION

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Budd-Chiari syndrome is rare. A Japanese study estimated the prevalence to be in the region of 2.4 cases/million 4. In Western populations, the most common cause is thrombosis. Membranous webs have been increasingly described in Asian patients as a cause of obstruction.

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Small hepatic veins Budd–Chiari syndrome

https://**www.ncbi.nlm.nih.gov**/pmc/articles/PMC3984664

Jun 28, 2013 · **Budd–Chiari syndrome** (BCS) is a rare **disorder** characterized by a **hepatic venous outflow obstruction** at any level from the small **hepatic veins** to the atrio-caval junction [1–3]. The major risk factors in primary BCS are inherited or acquired thrombophilic conditions. Other factors such as the use of **oral contraceptives** may also be involved .

Cited by: 4 **Author:** Oliviero Riggio, Chiara Marzano, Alessia ...

Publish Year: 2014

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