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**Manuscript Type:** CASE REPORT

**Living-donor liver transplantation in Budd-Chiari syndrome with inferior vena cava complete thrombosis. A Case Report and Review of the Literature.**

Living-donor liver transplantation in Budd-Chiari syndrome

Vinicius Rocha-Santos, Daniel Reis Waisberg, Rafael Soares Pinheiro, Lucas Souto Nacif, <sup>2</sup> Rubens Macedo Arantes, Liliana Ducatti, Rodrigo Bronze Martino, Luciana Bertocco Haddad, Flavio Henrique Galvao, Wellington Andraus, Luiz Augusto Carneiro-DAlbuquerque

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**Author:** Motohiko Yasutomi, Hiroto Egawa, Yasu...

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## Living donor liver transplantation for adult Budd Chiari ...

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Jan 01, 2018 · 1 Introduction Despite being a definitive treatment of **Budd–Chiari syndrome** (BCS)



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Author: Yusaku Shirai, Hitoshi Yoshiji, Saiho Ko, Ma...

Publish Year: 2011

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BCS, **Budd-Chiari syndrome**; LDLT, **living donor liver transplantation**; IVC, **inferior vena cava**. We performed a pediatric LDLT in July 2001, and an adult-to-adult LDLT in January 2002. 7 To date, we have performed 30 LDLTs—22 adult-to-adult LDLT and 8 pediatric LDLTs. Here we **report** the first **case** of an adult-to-adult LDLT for BCS ...

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## Budd–Chiari syndrome

Very Rare Condition

Budd–Chiari syndrome is a very rare condition, affecting one in a million adults. The condition is caused by occlusion of the hepatic veins that drain the liver. It presents with the classical triad of abdominal pain, ascites, and liver enlargement. The formation of a blood clot within the hepatic veins can lead to Budd–Chiari syndrome. The syndrome can be fulminant, acute, chronic, or asymptomatic. Subacute presentation is the most common form.



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## Budd–Chiari syndrome

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Budd–Chiari syndrome is a very rare condition, affecting one in a million adults. The condition is caused by occlusion of the hepatic veins that drain the liver. It presents with the classical triad of abdominal pain, ascites, and liver enlargement. The formation of a blood clot within the hepatic veins can lead to Budd–Chiari syndrome. The syndrome can be fulminant, acute, chronic, or asymptomatic. Subacute presentation is the most common form.



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