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Budd–Chiari syndrome associated with liver cirrhosis: A case report and literature review

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Abstract:

BACKGROUND

Budd–Chiari syndrome (BCS) is a rare heterogeneous liver disease characterized by obstruction of the hepatic venous outflow tract. The incidence of BCS is so low that it is difficult to detect in general practice and difficult to include within the scope of routine diagnosis. The clinical manifestations of BCS are not specific; hence, BCS tends to be misdiagnosed.

CASE SUMMARY

We here discuss the case of a 33-year-old Chinese woman who presented with progressive distension in the upper abdomen. She was initially misdiagnosed with liver cirrhosis (LC) because of the abnormalities on an upper abdominal computed tomography (CT) scan. Although she was taking standard anti-cirrhosis therapy, her symptoms did not improve. Magnetic resonance imaging (MRI) showed caudate lobe hypertrophy and dilated lumbar and hemiazygos veins. Venography revealed membranous obstruction of the inferior vena cava (IVC) owing to congenital vascular malformation. A definitive diagnosis of BCS was made. Balloon plasty was performed to recanalize the obstructed IVC and the patient's symptoms were completely resolved.

CONCLUSION

BCS lacks specific clinical features and can eventually lead to LC. Clinicians and radiologists must carefully differentiate BCS...

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