

Reviewer's code: 04423126

Position: Editorial Board

Academic degree: FACS

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: Germany

SPECIFIC COMMENTS TO AUTHORS

The colleagues report on a case of an intrahepatic pancreatic pseudocyst followed in BCS. BCS is a rare complication. However, this did not change the management of the cyst drainage.

Answering reviewer:

Budd - Chiari syndrome (BCS) is defined as “the obstruction of hepatic venous outflow that can be located from the hepatic venules (HV) up to the entrance of the inferior vena cava (IVC) into the right atrium, if a right heart failure or constrictive pericarditis has been excluded”. According to its etiology, it can be divided into primary and secondary. Secondary BCS describes any disease that causes BCS by invasion or compression of the IVC or HV with their consequent thrombosis. This includes focal liver lesions (hepatocellular carcinoma, abscess, cyst, ...).

This case describes the secondary acute BCS caused by a rare huge intrahepatic pancreatic pseudocyst. Its pathogenesis is that the huge intrahepatic cyst compresses the IVC. Percutaneous drainage can draw out the cyst fluid in the liver, relieve the oppression of the cyst on the IVC, and then the secondary Budd-Chiari syndrome can be cured.