



The portal-umbilical-iliac-systemic venous shunt in liver cirrhosis

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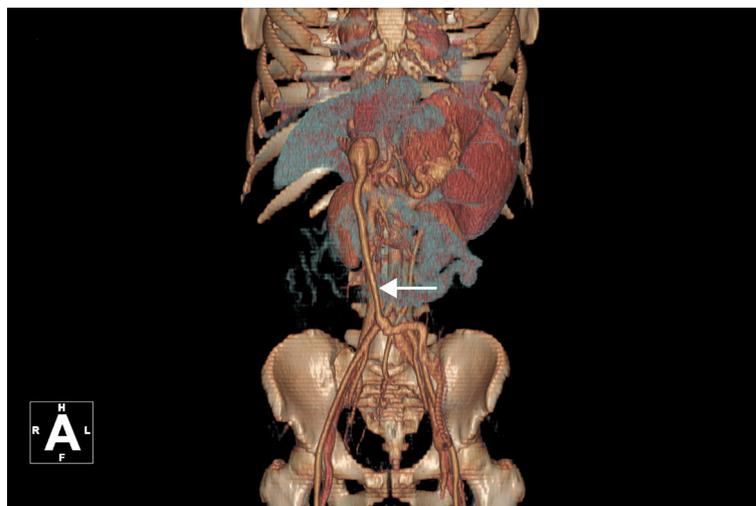
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A 45-year-old man with 8-year history of hepatitis B virus related liver cirrhosis presented to the hospital. Physical examination revealed jaundice, severe ascites, umbilical hernia, and caput medusae. Laboratory studies showed a total bilirubin level of 4.14 mg per deciliter (normal range, 0 to 1.52), a serum creatinine level of 0.92 mg per deciliter (normal range, 0.64 to 1.09), INR 2.21 (normal range, 0.80 to 1.20), Model for End-Stage Liver Disease (MELD) Score was 21. The 3D reconstruction of CT scans showed a recanalized umbilical vein extending through abdominal wall draining to the left external iliac vein (Panel A, arrow). The patient underwent an orthotopic liver transplantation surgery. During the procedure, the recanalized umbilical vein was carefully dissected and ligated. One month after the transplantation the patient was discharged with well clinical condition and normal liver function. At follow-up 2 months after surgery, the patient remained well. The umbilical-iliac venous portosystemic shunt can be

recognized in liver cirrhotic patients.

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