Embolization of a Symptomatic Intrahepatic Portosystemic Venous Shunt

Akio Tamura¹, Kenichi Kato¹, Shigeru Ehara¹ and Norihiko Koeda²

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A 71-year-old woman with a history of hepatitis B virus (HBV) cirrhosis was admitted to our hospital due to recurrent episodes of hepatic encephalopathy. Laboratory studies revealed an elevated serum ammonium level (210 μg/dL). A contrast-enhanced abdominal CT scan demonstrated an intrahepatic abnormal vessel originating from the anterior branch of the portal vein entering into the right hepatic vein (Picture 1). Direct portography demonstrated a shunt vessel (Picture 2A), and the serum ammonium level in the right hepatic vein was 322 μg/dL. The hepatic encephalopathy was caused by an intrahepatic portosystemic venous shunt (IPSVS). Based on this observation, the IPSVS was success-

¹Department of Radiology, Iwate Medical University School of Medicine, Japan and ²Department of Internal Medicine, Iwate Prefect Ninohe Hospital, Japan
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Correspondence to Dr. Akio Tamura, a.akahane@gmail.com

1033
fully treated with balloon occluded retrograde transvenous embolization with a Guglielmi detachable coil (GDC)(Picture 2B). IPSVSs are congenital or acquired anomalous direct connections between the intrahepatic portal branch and hepatic vein (1). This complication constitutes a rare and usually asymptomatic condition; however, therapeutic intervention may be indicated if hepatic encephalopathy or other liver dysfunction is detected (2).

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References


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