

### Question 19 – December 9

- 1) 2. A 50 year old male with alcoholic cirrhosis presents to the ER with vague abdominal pain and jaundice with the following labs.

CBC: WBC 8.0, Hgb 11, RDW 98, plts 101, AST 52, ALT 30, T. Bili 7.2, D. bili 0.8, Alk phos 80, AFP 18, PT 13.0, INR 1.3.

An Abdominal/pelvic CT with contrast is obtained establishing the diagnosis.



This CT shows:

- A. A TIPS shunt about which the patient did not inform the ER staff.
- B. A well differentiated hepatocellular carcinoma.
- C. A spontaneous splenorenal shunt.
- D. Portal vein thrombosis.
- E. Large splenic varices.

**Answer: C**

Spontaneous splenorenal shunts occur commonly in cirrhotic patients and frequently lead to indirect hyperbilirubinemia. Herbay et al. described 109 patients with liver cirrhosis, with spontaneous porto-systemic shunts in 38%, most often as splenorenal shunts (21%), and patent umbilical veins (18%). Less frequent were gastric collaterals, gallbladder varices, collaterals with thrombotic portal veins, mesoiliac shunts and, portal renal shunts to the right kidney.

#### References:

Von Herbay A, et al. J Clin Ultrasound 2000; 28:332-8