Congenital hepatic shunt

Eduardo Just da Costa e Silva •
Sílvia Cavalcanti de Albuquerque

Received: 12 November 2008 / Revised: 6 March 2009 / Accepted: 31 March 2009 / Published online: 5 June 2009
© Springer-Verlag 2009

A 9-day-old boy presented to our emergency department with jaundice since birth. Laboratory tests showed marked unconjugated hyperbilirubinemia. Liver US showed an abnormal intrahepatic connection (*curved arrows*) between the right portal vein (*red arrows*) and right hepatic vein (*white arrows*). A turbulent Doppler pattern was noted in the portal vein (Fig 1). No other imaging was performed. At 8 weeks of age, unconjugated bilirubin levels were lower but still

abnormal. At the time of this report, the patient was being monitored and had no clinical manifestations of the shunt.

Congenital intrahepatic portosystemic shunts are rare and can be found incidentally in asymptomatic patients [1, 2]. When present, symptoms can include hepatomegaly, metabolic disorders, encephalopathy, and jaundice [2]. CT and MRI can provide additional information, but color Doppler US is often the first diagnostic imaging test and may be

Fig. 1 Linear (a) and curved (b) color Doppler transverse oblique images

E. Just da Costa e Silva (✉)
Setor de Diagnóstico por Imagem,
Instituto de Medicina Integral Professor Fernando Figueira-IMIP,
Rua dos Coelho, 300,
Boa Vista, Recife/PE, Brazil CEP 50070-550
e-mail: eduardojust@ig.com.br

E. Just da Costa e Silva
Pernambuco School of Health,
Children and Adolescent Health,
Federal University of Pernambuco,
Pernambuco, Brazil

S. Cavalcanti de Albuquerque
Radiologia, Instituto de Medicina Integral Professor Fernando
Figueira-IMIP, Pernambuco, Brazil

sufficient [1]. A focal absence of sinusoid formation is a possible explanation for the abnormality, leading to a persistent communication between the vitelline veins and the sinus venosus [1]. Asymptomatic patients can be followed without specific treatment [1].

References

1. Gallego C, Miralles M, Marin C et al (2004) Congenital hepatic shunts. Radiographics 24:755–772
2. Witters P, Maleux G, George C et al (2008) Congenital venovenous malformations of the liver: widely variable clinical presentations. J Gastroenterol Hepatol 23:e390–e394