A large pericardiophrenic collateral in a patient with Budd–Chiari syndrome

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We report an uncommon case of Budd–Chiari syndrome with pericardiophrenic collateral vessels. A 49-year old woman presented with abdominal distention, dyspnoea after exercise and swelling in the legs. Computed tomography angiography revealed heterogeneous hepatic parenchyma (Fig. 1) and a large pericardiophrenic collateral vessel in the mediastinum (Fig. 2).

Figure 1: Axial contrast-enhanced computed tomography (A) shows heterogeneous hepatic parenchyma and ascites, as well as widely dilated venous collateral in the left haemithorax. The dilated venous collateral joined the middle and left hepatic veins. Sagittal CT scan (B) shows membranous obstruction of the inferior vena cava. DVC: dilated venous collateral; LHV: left hepatic vein; MHV: middle hepatic vein; M: membrane.

Figure 2: Coronal maximum intensity projection (A) and 3D volume rendering images (B and C) reveal dilated venous collateral draining directly into the innominate vein. DVC: dilated venous collaterals; IVC: inferior vena cava; IV: innominate vein; LHV: left hepatic vein; MHV: middle hepatic vein.

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