

Caput Medusae



A 47-YEAR-OLD MAN WITH A SEVEN-YEAR HISTORY OF COMPENSATED hepatic cirrhosis due to chronic hepatitis B infection presented for routine evaluation. Physical examination revealed a firm liver and mild splenomegaly. There were mildly tortuous veins on his abdominal wall, especially above the umbilicus. For four years, his condition remained stable, but venous dilatations gradually became more prominent around the umbilicus. These venous dilatations represent portal hypertension with backflow from the left portal vein, through the paraumbilical veins in the falciform ligament, and then to the periumbilical systemic veins in the abdominal wall. Color Doppler ultrasonography confirmed subcutaneous collateral veins on the anterior abdominal wall near the umbilicus that had originated from the dilated paraumbilical veins.

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