

Clinical Image

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Idiopathic hepatic vein calcificationAditya Garg^{1,2}; Bela Kis^{1*}¹Diagnostic and Interventional Radiology, H. Lee Moffitt Cancer Center and Research Institute Tampa, Florida, USA.²University of South Florida Health Morsani, College of Medicine Tampa, Florida, USA.***Corresponding Author: Bela Kis**Diagnostic and Interventional Radiology, H. Lee
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Abstract

This case represents the first reported patient with idiopathic hepatic vein calcification.

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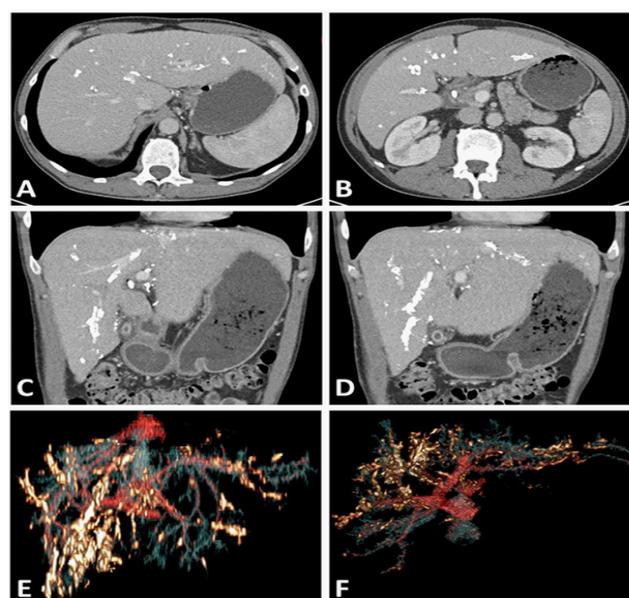
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Description

A 51-year-old male with a history of seizure disorder presented with jaundice. He was diagnosed with primary sclerosing cholangitis and unresectable metastatic hilar cholangiocarcinoma (Klatskin's tumor). Axial (A,B) and coronal (C,D) contrast-enhanced CT scan showed prominent hepatic vein calcification with minimal calcification in few peripheral portal vein branches and no calcification in the hepatic artery and its branches. His hepatic vein was patent with no history of Budd-Chiari syndrome. There was no prior imaging available, and it was unknown when the calcification occurred. The patient did not have history of calcium/phosphorous homeostasis disorders, parasitic disease, tuberculosis, diabetes, kidney disease, portal hypertension, or atherosclerosis which are known potential risk factors of hepatic vascular calcifications. The patient died 32 months after the diagnosis of cholangiocarcinoma. The cause of his hepatic vein calcification is unknown. According to our knowledge this is the first reported case of idiopathic hepatic vein calcification with patent hepatic veins in a patient without history of prior Budd-Chiari syndrome.

**Figure 1:**