CASE REPORT

Abstract: A 51-year-old Japanese male with chief complaints of slightly high fever and epigastralgia was hospitalized at our facility. The inflammatory response was enhanced, and liver dysfunction was observed. Abdominal ultrasonography demonstrated a hyperechoic lesion occupying the left portal vein, and abdominal plain CT indicated a low density of the lesion with a clear boundary, measuring about 3 cm² 2 cm, between the porta hepatis and segment IV of the liver. Contrast CT showed no enhancement in the arterial and portal phases, but a reduction in the density inside the tumor in the equilibration phase was noted. MRI showed hypointensity by T1-weighted imaging and hyperintensity by T2-weighted imaging. Angiography demonstrated an obstruction of the left portal vein and superior mesenteric vein, and endoscopic retrograde cholangiography revealed a constriction in the left intrahepatic bile duct. Since the possibility of intrahepatic cholangiocarcinoma could not be excluded, extended left hepatectomy combined with caudate lobectomy was performed. The tumor, measuring 31 mm x 21 mm x 20 mm, was pathohistologically diagnosed as an extrahepatic portal obstruction. Extrahepatic portal obstruction is an important disease that is sometimes difficult to rule out oncologic origin.

Keywords: extrahepatic portal obstruction, stenosis of the intrahepatic bile duct, portal hypertension
A case of adult EHO V

The case presented here is that of a 70-year-old female patient who presented with abdominal pain and fever. On physical examination, she was found to have a palpable mass in the right upper quadrant. Laboratory investigations revealed elevated liver enzymes and a positive serology for EHO V. Ultrasound and CT scan images (A and B) showed a solitary mass in the liver, consistent with EHO V. The patient was treated with supportive care and antiviral therapy. She showed a complete recovery with no recurrence after 6 months of follow-up.

Reference:
T. Horie, et al. A case of adult EHO V.