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CAPUT MEDUSAE IN ALCOHOLIC LIVER DISEASE – CASE REPORT

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Summary

Caput medusae is the symptom of portal hypertension due to cirrhosis of liver. This symptom is encountered in medical practice less and less due to earlier diagnostic and effective treatment of portal hypertension. In this article the author present a case of a man who reported to the hospital because of huge ascites due to cirrhosis of liver. After draining ascitic fluid the symptom of caput medusae was observed.

Key words: caput medusae, chronic liver disease, alcohol

INTRODUCTION

Caput medusae is the symptom of portal hypertension due to cirrhosis of liver (1-3). This symptom is encountered in medical practice less and less due to earlier diagnostic and effective treatment of portal hypertension (1, 4, 5).

CASE REPORT

A 53-year-old man, Caucasian race, was admitted to the hospital because of the huge ascites and general destruction. He had history of alcohol consumption about 80-120 gram/day for 20 years and he was heavy smoker – 20 cigarette/day for 20 years. The patient had suffered from cirrhosis of the liver for 5 years. Serology for viral hepatitis B and C were negative. During palpable examination, drew attention to the huge ascites (fig. 1). A umbilical revealed the presence of varicose veins (fig. 2). After drainage 2 liters of ascetic fluid were seen superficial epigastric veins radiating from a umbilical large venous varix (fig. 3).

The patient serum total bilirubin was 4.0 mg/dL, platelets – 11.000/mm³, white blood cells – 4.300/mm³, gamma glutamyltranspeptidase – 735 U/L, asparate aminotransferase – 40 U/L, alanine amnotranserase – 18 U/L.

The Doppler ultrasound was performed. The superficial epigastric veins were enlarge during this examination. Upper gastrointestinal endoscopy showed grade 3 esophageal varices but with no signs of recent hemorrhage.

The patient had drainage of the ascites. Within a few days the patient had evacuated 10 liters of ascitic fluid. Ascitic fluid had straw-color.



Fig. 1. Dilated superficial epigastric veins radiating from a umbilical large venous varix.



Fig. 2. Umbilical large venous varix.



Fig. 3. Dilated superficial epigastric veins and bruising caused by thrombocytopenia.

DISCUSSION

Medical dictionaries assign caput medusae the French pathologist Jean Cruveilhier (1791-1874) and the German pathologist Paul Clemens Von Baumgarten (1791-1873). In *Stedman's Medical Dictionary* caput medusae is defined as "Cruveilhier's sign; varicose veins radiating from umbilicus, seen in the Cruveilhier-Baumgarten syndrome" (6). The Cruveilhier-Baumgarten syndrome is "cirrhosis of the liver with patent umbilical or periumbilical veins and varicose periumbilical veins" (6). The Cruveilhier-Baumgarten marmur is "the venous hum heard over collateral veins, connecting

the portal and caval venous systems, on the abdominal wall" (6).

Caput medusae is one of the fundamental symptom of portal hypertension due to cirrhosis of the liver (1, 7, 8). Blood from the portal venous system is shunted through the umbilical veins into the abdominal wall veins (1).

There have been reported a few cases of bleeding from umbilical varices (7-9). In the case described in Bahner and Holland article (7) the patient exsanguinated, in the other case (8) embolization of the umbilical vein was successful performed, and in the third case (9) transjugular intrahepatic portosystemic shunt (TIPS) was deployed. □

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