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A Simple Guide To Budd-Chiari Syndrome, (Hepatic Vein Obstruction) Diagnosis, Treatment And Related Conditions (A Simple Guide To Medical Conditions)

**A SIMPLE GUIDE TO
BUDD-CHIARI SYNDROME,
(Hepatic Vein Obstruction)
Diagnosis, Treatment
And
Related Conditions**

by



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Synopsis

Budd-Chiari Syndrome (Hepatic vein obstruction)
What is Budd-Chiari Syndrome? Budd-Chiari syndrome (Hepatic vein obstruction) is a medical disorder due to obstruction of the hepatic vein which delivers blood away from the liver. Budd-Chiari syndrome is a medical disorder that is caused by the closing or the blockage of the hepatic veins. It happens with a classical triad of: 1. Pain in the abdomen, 2. Hepatomegaly and 3. Ascites. Occurrences of occlusions are thrombosis of the hepatic veins. It normally affects one out of every million people. Causes: Chronic BCS is believed to have a genetic basis: there is a high incidence of myeloproliferative disorder in these patients. Hematological: 1. Polycythemia vera and other myeloproliferative disorders. 2. Thrombophilic conditions - e.g., deficiencies of protein C, protein S, antithrombin III or factor V Leiden. 3. Antiphospholipid antibody syndrome. 4. Essential thrombocytosis. 5. Paroxysmal nocturnal hemoglobinuria. 6. Post bone marrow transplant. Reduced blood flow: 1. Vena caval anomalies (e.g., webs, congenital absence of part of the vessel), 2. Right heart failure, 3. Constrictive pericarditis, 4. Right atrial myxoma. Obstetric: the condition can occur during pregnancy and postpartum. Drugs: 1. Combined oral contraceptives, 2. Hormone replacement therapy, 3. Urethane. Chronic infections: 1. Hydatid disease, 2. Amoebic abscesses, 3. Aspergillosis, 4. Syphilis, 5. Tuberculosis. Chronic inflammatory conditions: 1. Inflammatory bowel disease, 2. Sarcoid, 3. Systemic lupus erythematosus, 4. Sjogren's syndrome, 5. Behcet's disease (3.2% in one study), 6. Mixed connective tissue disease. Malignancy: 1. Hepatocellular carcinoma, 2. Renal cell carcinoma, 3. Wilms' tumor, 4. Adrenal carcinoma, 5. Leiomyosarcoma. Trauma - injuries can cause obstruction to hepatic vein. Surgery - surgical injuries can cause obstruction to hepatic vein. Others: 1. Alpha 1-antitrypsin deficiency, 2. Idiopathic (30%). BCS can manifest as an acute disorder which forms rapidly with the following symptoms: 1. Abdominal pain in the upper right hand side of the abdomen (the upper right quadrant) 2. Ascites 3. An enlarged liver due to the build-up of blood (hepatomegaly) It produces hepatomegaly that induces the liver to enlarge. It produces other diseases such as jaundice, ascites, and encephalopathy. Severe necrosis hepatic and acidosis lactic may also occur. Patients can also continue towards cirrhosis, showing a sign of liver failure as the disease goes on: 1. Abdominal swelling or stretching 2. Pain in the right upper abdomen 3. Vomiting blood 4. Yellowing of the skin (jaundice) 5. Cramp in legs and feet 6. Itching. Doppler ultrasound of the liver veins. Doppler ultrasound may help to rule out hepatic venous or inferior vena caval thrombosis. One study identified altered hepatic and caval veins and caudate lobe hypertrophy as being the findings most often linked with BCS. MRI may show a prominent caudate lobe (the part to the left of the portal vein). The doctor may advise the following medicines: 1. Diuretics and Salt restriction: Some patients

may be treated with dosages of sodium, and diuretics for controlling ascites.2. Blood thinners (anticoagulants) Anti-coagulants like heparin and warfarin can also be given for preventing the symptoms from becoming worse.3. Clot-busting drugs (thrombolytic treatment)Local thrombolysis with radiological support is chosen for generalized thrombolysis.4. Medicines to treat the liver disease, including ascitesAscites should be treated with diuretics plus fluid and salt restrictionSurgery:1. Angioplasty and stent placementPatients with stenosis or caval vena obstructions may benefit from an angioplasty.

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