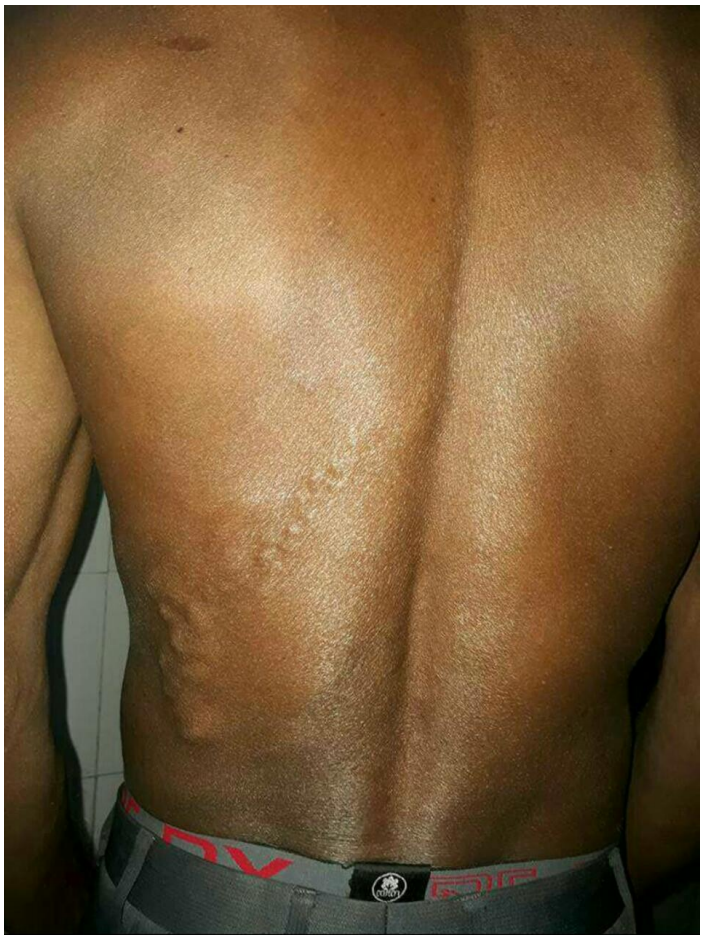
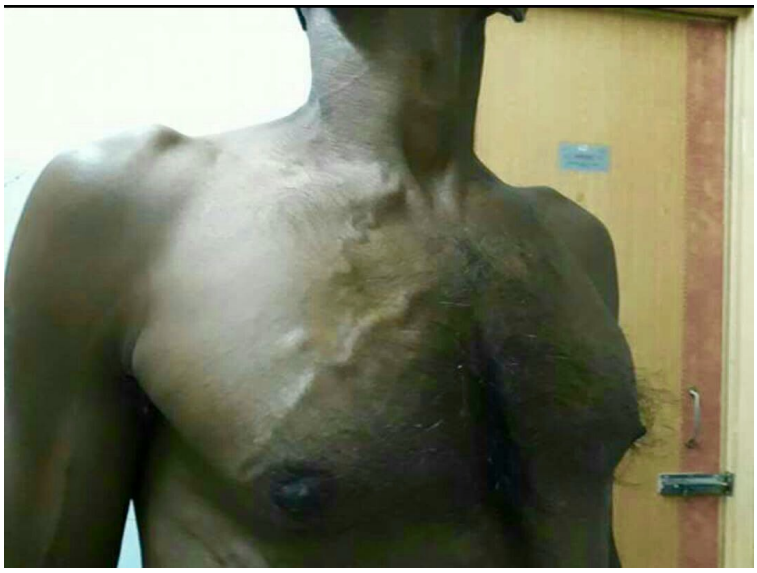
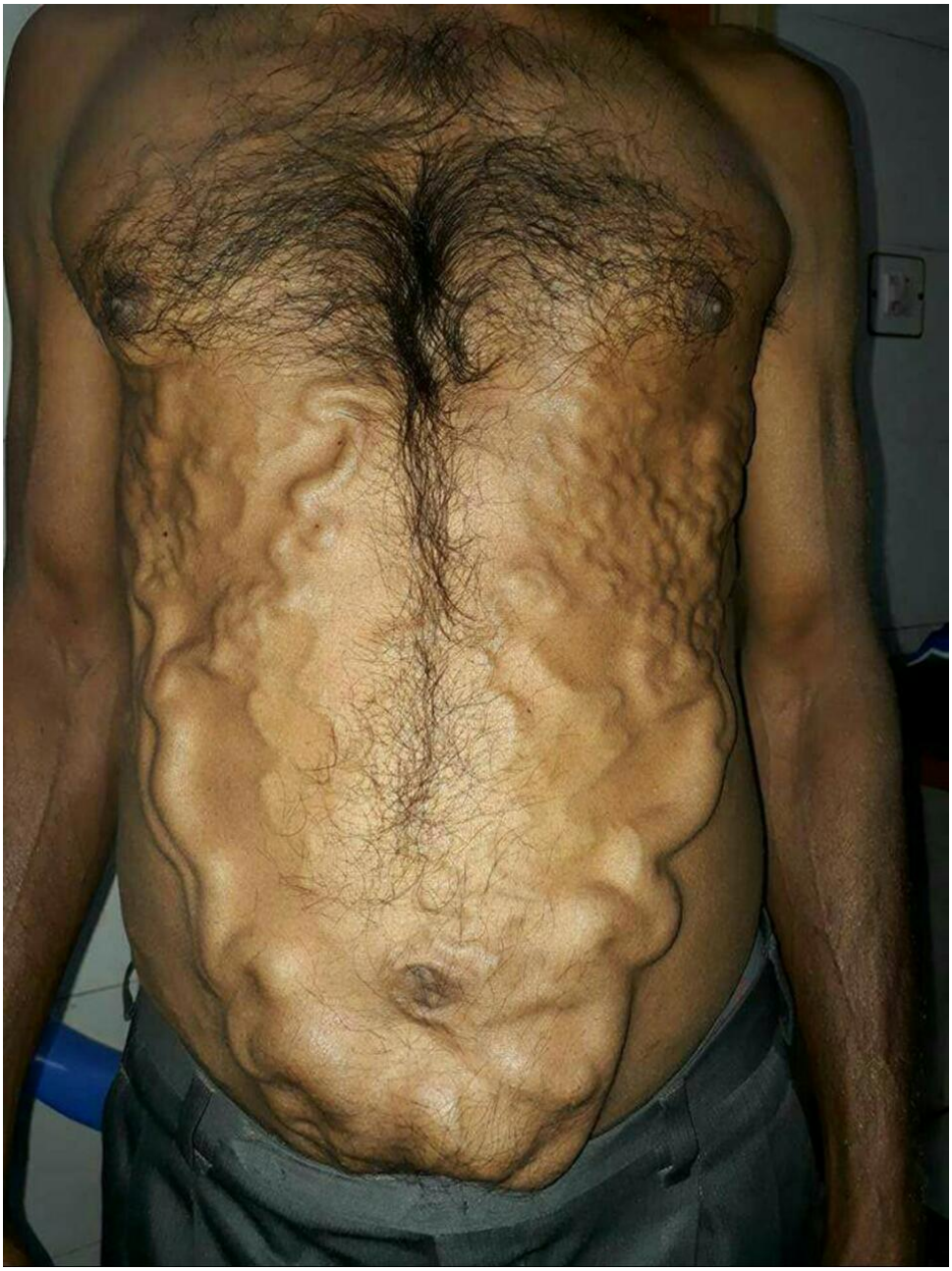
Case: Abdominal varices due to inferior vena cava obstruction secondary to liver cirrhosis

41 year old gentleman presented with history of jaundice two years ago followed by gradual engorgement of veins. Recurrent history of paracentesis, no ascitic fluid reported. Developed jaundice one month previously, pain in engorged veins ever followed.







Caput medusae

Appearance of distended and engorged superficial epigastric veins, which are seen radiating from the umbilicus across the abdomen. Engorged veins appear as a result of re-canalised umbilical vein, due to portal hypertension, as a collateral diversion to inferior vena cava obstruction.

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