Patient with Liver Cirrhosis and Hemorrhagic Ascites

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A 54-year-old male presented with progressive abdominal distension and loss of appetite for 2 months. Prior to being admitted at this institute, patient got evaluated for abdominal distension at a local hospital. Diagnostic ascites aspiration was done, which was hemorrhagic. Ultrasound abdomen showed features suggestive of chronic liver disease. The patient had mild pallor. Abdomen was distended with no visible veins. Liver and spleen were not palpable. Moderate ascites was present. His hemoglobin was 8.6 g/dL, total leukocyte count was 8800/mm³, and platelet count was $313 \times 10^3/\text{mm}^3$. Liver function tests showed normal serum bilirubin level but elevated aspartate (150 IU/L) and alanine (70 IU/L) aminotransferase levels. His prothrombin time was four seconds prolonged with an INR of 1.2. His ultrasound abdomen had features suggestive of liver cirrhosis with a

Figure 2A Case investigation – imaging.

Figure 1A Case investigation – imaging.

large heterogeneous hypoechoic lesion in right lobe of liver with multiple tiny hypoechoic liver nodules. Ascitic fluid aspiration was repeated, which showed hemorrhagic fluid. Ascitic fluid cytology showed red blood cells in full field but no malignant cells. Further, patient was found to be hepatitis B surface antigen (HBsAg) positive, and had a high HBV DNA viral load of 3.4×10^6 IU/mL. Serum alpha fetoprotein was 1210 ng/mL. Patient was started on anti-viral therapy with Tab Tenofovir 300 mg daily. Triple phase contrast enhanced CT abdomen was done. Shown below are (Figure 1A) contrast enhanced CT axial image taken at the level of upper abdomen and (Figure 2A) sagittal reconstructed contrast enhanced CT Image showing the right lobe of liver.

What does the CT scan image show?

(Answer on the page 188).

CONFLICTS OF INTEREST

All authors have none to declare.

DOI of original article: <http://dx.doi.org/10.1016/j.jceh.2014.06.003>.

Keywords: hepatocellular carcinoma, hemoperitoneum, embolization

Received: 28.5.2014; **Accepted:** 4.6.2014; **Available online:** 20.6.2014

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Abbreviations: HBsAg: hepatitis B surface antigen

<http://dx.doi.org/10.1016/j.jceh.2014.06.002>