

APR 14, 1961
PARSONS MEMORIAL HOSPITAL
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PORTAL HYPERTENSION

CASE #1. [REDACTED] A 40-year-old [REDACTED] female who had been institutionalized since age 13, admitted to [REDACTED] /59 for evaluation of ascites. One year ago she began to complain of pain in the right side and developed ankle edema. 4 months ago her abdomen began to swell. There was no history of jaundice, nausea or vomiting. Physical examination revealed massive ascites, dilated superficial abdominal veins, moderate edema to knees. Jaundice, spiders and hepatosplenomegaly were absent. Temperature occasionally reached 100-101°.

Laboratory: Hemoglobin 13.6, WBC 9,750, platelets 142,000. Urinalysis normal. Ascitic fluid -- protein 2.6 gm.%, no tumor cells, fbc culture negative. Serum amylase < 320. Tuberculin skin test -- intermediate strength positive. Serology negative. No venous pressures performed. Liver biopsy -- normal liver. Sinusoids appear slightly dilated in some areas.

	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Bilirubin	1.4	1.4	1.4	8.8
Ceph flocc		neg	2+	
Thymol turbidity	9.0	8.5	10.2	
Alkaline p'tase		5.6		9.2
Total protein	6.5	6.0	7.3	
Albumin	3.8	3.2	3.7	
Globulin	2.7	2.8	3.6	
SGOT	58.6			
BSP			10%	
Glucose	108	50		34

The patient was discharged on [REDACTED] /59 and appeared well for a week. Then ascites and leg edema increased, appetite fell off, she became progressively obtunded over ensuing week. She was readmitted on [REDACTED] /59. The patient was unresponsive, BP 60/40, pulse 120. She was jaundiced. Marked ascites and superficial abdominal veins were present. No hepatosplenomegaly was detected. The patient died on [REDACTED].

Autopsy: Liver 900 grams; severe centrilobular necrosis. Numerous thrombotic hepatic veins -- varying ages. Large bile lakes.
Gall bladder -- 2 large stones
Spleen -- 90 grams -- thick adhesions at periphery
Chronic congestion, marked increase in fibrous tissue.
Esophagus -- no varices, esophageal erosions.
Duodenal ulcer.

Diagnosis: Hepatic vein thrombosis

CASE #2. [REDACTED] A 68-year-old [REDACTED] male. Chronic alcoholic 45 years. First admission [REDACTED] /57. 8 months of weakness, abdominal swelling, pedal edema. Physical exam: obese, no icterus, spiders or clubbing. Ascites, prominent abdominal veins, edema. Liver down 4 lb., no spleen felt. Liver biopsy: cirrhosis.

Second admission: [REDACTED] /59. Ascites, edema, episodes of stupor 2 weeks. Farry stools 1 week, vomited blood. Liver down 6 lb., spleen not felt. Bout of encephalopathy in hospital. Treatment: Transfusions, neomycin, arginine, etc. Negative GI series for varices.

6/5/59 admission: 6/5/59. 1st paracentesis. One ap node drawn. No ascites. Stool mixed with vomitus coffee ground material.

7th admission: 7/13/60. 1st paracentesis since 5/59. Voiled blood. In hospital recurrent episodes of bleeding. Bilious vomitus on several occasions. GI series negative; esophagoscopy — 1 var. cox; splenic pressure 540 mm. saline, films poor quality, splenic vein seen, but no portal.

3/24: Operation. Generalized fibrous peritonitis. Numerous collateral vessels. Portal pressure 350. End-to-side portocaval shunt; portal pressure decreased to 220. No appreciable change in ascites.

Course in clinic: 1/60 ascites disappeared, but moderate leg edema persisted. 1/60 episode of confusion; restlessness 5 days; improved on course of neomycin, low protein diet. Spontaneous weight gain 32 lbs.

8th admission: 1/1-1/2/60. Marked ascites and anasarca. Lethargy. Improved in hospital.

9th admission: 1/2/60. Incarcerated umbilical hernia repaired under local anesthesia.

Present Status: No further bleeding. Feels well. No ascites. Small amount of pretibial edema. Mental status good. Treatments: Diuril, KCl. Continues to drink.

	1	2	3	4	5	6	7	8	9
									61
Bilirubin	2.2	5.5	2.4	1.5	2.0	0.9	0.8	1.0	
Ceph flocc	3+	3+			4+		2+		
Thymol turbidity	3.5	7.2			2.0				
Alkaline phos	3.7	7.0	11.0	5.8	6.5	13.6	8.0	4.8	
Total protein	5.9	7.7		5.7	5.6	6.4	6.8	7.5	
Albumin	3.3	3.1		2.4	2.4	1.7	3.0	4.4	
Globulin	2.6	4.6		3.3	3.2	4.7	3.8	3.1	
BSP	30%		39%	40%					
Prothrombin	100%	75%		90%	100%			80%	

CASE #3. 70-year-old female.

1st admission: 1/1/59. Ascites and tarry stools. Jaundice in childhood. Modest alcohol intake. 3 years ago ascites started. 1/59: hematemesis and patient — transfusions. Tarry stools few days prior to current admission. Physical examination revealed ascites. GI series — no varices. Treatments: Paracentesis. Considered poor risk for surgery.

Numerous paracenteses in clinic.

2nd admission: 1/2/60. Ascites and fall in hemoglobin to 6.6. Physical examination: massive ascites, liver down 4 lb., spleen down 1 lb., leg edema. Course complicated by water intoxication, hepatic coma. Approximately 1 unit packed red cells required each week to maintain hemoglobin in 8 gm. range. GI series revealed varices.

Because of persistent bleeding, end-to-side portocaval shunt performed. Splenic pressure 480, portal pressure 380; after shunt, 210. Post-operative course benign. Remained alert, bleeding stopped, ascites decreased. Liver biopsy — post-necrotic cirrhosis.

3rd admission: 1/2/60. Did well in nursing home. In week before admission, became irritable and anorectic, then unresponsive. Physical exam: Fetor, ascites, liver down 8 lb., 3+ edema of legs. Responded to neomycin, IV fluids, etc.

4th admission: 1/2/60. Recurrence of somnolence. Entered with fetor, flapping tremor, ascites, pretibial edema. Responded to treatment.

5th admission: 1/2/60. Same problem. Initially responded to treatment, then became more lethargic and died.

Bilirubin		1.1	2.2	1.6
Ceph flocc	2+	4+		
Thymol turbidity			10.2	
Alkaline p'tase		13.2	7.2	9.2
Total protein	6.5	7.3		
Albumin	3.1	4.2		
Globulin	3.4	3.1		
BSP	48%	48%		
Prothrombin time	70%	100%	48-86%	16 sec.

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