Article 6

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Periportal fibrosis after polytrauma

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Image in medicine

A 45-year-old male presented with one-week history of jaundice, abdominal distension, and shortness of breath. Three months earlier, he was involved in a motor vehicle collision and sustained polytrauma, including head, chest, abdomen, vertebral column, and pelvic injuries. Computed tomography (CT) abdomen showed liver contusions in segments V and VI, including periportal edema at that time. All his injuries were managed conservatively. At this time, his CT abdomen showed liver appears mildly enlarged, periportal edematous changes with no apparent focal lesion or intrahepatic biliary ducts dilatation. There was moderate to large abdominopelvic free fluid. The rest of the solid abdominal organs were grossly unremarkable. His liver function tests were altered with a total bilirubin of 151 µmol/L (reference

range, 5.1 to 17 µmol/L), direct bilirubin 135 µmol/L (reference range, 1.7 to 5.1 µmol/L), alkaline phosphatase 317 U/L (reference range, 41 to 133 U/L), ALT 42 U/L (reference range, 7 to 56 U/L), AST 44 U/L (reference range, 0 to 35 U/L), and albumin of 18 gm/L (reference range, 35 to 53 gm/L). His prothrombin time of 24 sec (reference range, 11 to 13.5 sec), INR of 2.63 (reference range, 0.8 to 1.1), and platelet of $68X10^9$/L (reference range, $150X10^9$to $450X10^9$/L). After correction of coagulopathy, he underwent paracentesis, which showed transudative ascites. He was tested negative for schistosomiasis (bilharzia) and no other signs of portal hypertension. An ultrasound liver confirmed periportal fibrosis.

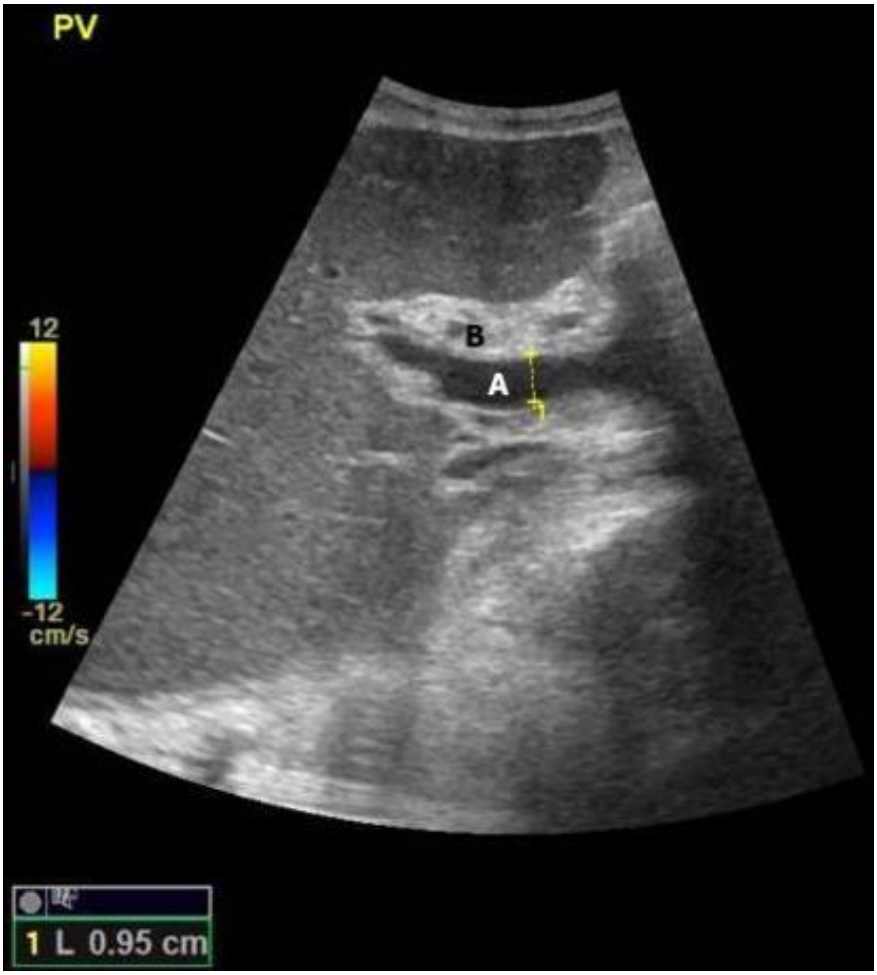

Figure 1: ultrasound of the liver shows portal vein (A) and periportal fibrosis (B)