

中文題目：“flip-flop” pattern 在 *JAK-2* mutation related Budd-Chiari syndrome 病人的表現

英文題目：The “flip-flop” pattern in *JAK-2* mutation associated Budd-Chiari syndrome

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Abstract:

Budd–Chiari syndrome is a rare liver disease and it is difficulty in diagnosis. We present a 36-year-old female with right upper quadrant pain and jaundice for one week. The abdominal three phase computed tomography (CT) scan showed massive ascites and a hepatic tumor like lesion. The serum-ascites albumin gradient was 2.6 g/dl, suggesting portal hypertension. In addition, abdominal magnetic resonance imaging (MRI) revealed early enhancement of caudate lobe and central portion of liver, decreased peripheral liver enhancement and later decreased enhancement centrally with increased enhancement peripherally. There was no evidence of tumor in MRI image. The manifestation of dynamic image of MRI is so-called “flip-flop pattern”, suggesting the obstruction of hepatic venous outflow. There was middle hepatic vein thrombosis, and it refers to Budd–Chiari syndrome. In addition, *Janus Kinase 2 (JAK2) V617F* was present. *JAK2* mutation has been found in more than 80% of patients with myeloproliferative neoplasms, which is common etiology of Budd–Chiari syndrome. Therefore, the screen of *JAK2* mutation is recommended in patients with Budd–Chiari syndrome