

中文題目：復發性臍靜脈曲張破裂伴腹腔積血

英文題目：Recurrent umbilical varix rupture with hemoperitoneum: a case report and review of literature

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**Introduction:** Non-traumatic hemoperitoneum was a rare event with the risk of sudden death. Spontaneous rupture of hepatocellular carcinoma was the most intuitively diagnosis when hemoperitoneum happened on non-regular follow-up liver cirrhosis patient. However, other etiology of hemoperitoneum, such as intra-abdominal varix rupture should be kept in mind.

**Case presentation:** A 44-year-old man with alcoholic liver cirrhosis, Child-Pugh B visit our emergency department (ED) because of recurrent abdominal pain and hypovolemic shock. He had similar symptoms with diagnosis of hepatocellular carcinoma (HCC) rupture with hemoperitoneum one month before and he accepted trans-arterial embolization (TAE). The follow-up magnetic resonance imaging (MRI) showed hepatocellular carcinoma less likely. Contrast enhanced abdominal computed tomography (CT) showed possible umbilical vein contrast extravasation. Exploratory laparotomy confirmed the diagnosis of umbilical varix rupture with hemoperitoneum.

**Discussion:** There was no case report presented both liver nodule lesion and varix co-existed. Rupture of HCC with self-limited bleeding listed to the most possible diagnosis in this patient without records of previous esophageal or gastric varices bleeding. Nevertheless, we ought to consider the possibility of intra-abdominal varix rupture when the image of MRI revealed HCC less likely.

**Conclusion:** Although umbilical varix rupture is a rare cause of hemoperitoneum, it should be kept in mind in cirrhosis patients with unexplained hemoperitoneum.