

[Images in...](#)

Caput medusae

Nishith K Singh, Usman Cheema, Ali Khalil

Department of Internal Medicine, Southern Illinois University School of Medicine, Springfield, Illinois, USA

Correspondence to Nishith K Singh, nishith.singh@nih.gov

A 57-year-old female with significant alcohol exposure, hepatitis C and liver cirrhosis was admitted for management of dehydration and anaemia. On examination she had spider angiomas, a palpable firm left lobe of the liver and clubbing. Dilated tortuous superficial epigastric veins (caput medusae, figure 1) were noted above the umbilicus radiating from a central large venous varix like snakes emerging from Medusa's head. So far, none of the onlookers have turned into stone!

A review of the patient's recent CT of the abdomen revealed a large recanalised paraumbilical vein (figure 2)

originating from the left side of the portal vein. It coursed through the falciform ligament towards the epigastric abdominal wall to empty into a large varix (figure 2). Superior and inferior epigastric veins from the varix then drained into the axillary and femoral veins, respectively, forming porto-systemic circulation.

Competing interests None.

Patient consent Obtained.



Figure 1 Dilated superficial (superior and inferior) epigastric veins radiating from a central large venous varix.



Figure 2 CT of the abdomen revealing a large canalised paraumbilical vein (arrow) emptying into a large varix (arrowhead).

This pdf has been created automatically from the final edited text and images.

Copyright 2010 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.

BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Singh NK, Cheema U, Khalil A. Caput medusae. *BMJ Case Reports* 2010;10.1136/bcr.03.2010.2795, date of publication

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow