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**Image**

**Extensive calcification in portal venous system**

A 40-year-old man presented with history of vague abdominal pain, weight loss and constipation for six months. On examination he was undernourished (weight 36 Kg), and pale, and had pedal edema. Systemic examination revealed splenomegaly and ascites. *Investigations:* Hemoglobin 4.8 gm%, total leukocyte count 2700/cumm, serum protein 5.8 gm%, bilirubin 0.6 mg%, SGOT 12 IU/dL, SGPT 11 IU/dL and alkaline phosphatase 11 KAU/dL. CECT abdomen showed shrunken liver (9.5 cm in craniocaudal span) with irregular outline and altered parenchymal attenuation, suggestive of liver parenchymal disease. The spleen was moderately enlarged (15 cm in craniocaudal span) and showed parenchymal calcification. The portal venous system was markedly dilated (portal vein 18 mm, splenic vein 11 mm, superior mesenteric vein 10 mm) and showed extensive curvilinear calcification of the venous wall (Figure). Ascites was present. Jejunal loops were moderately dilated (maximum diameter 3.5 cm). Pancreas and both kidneys were normal. CECT abdomen findings were consistent with liver parenchymal disease with portal hypertension.

Calcification in portal venous system is an uncommon finding on imaging studies. Calcification can be either in the venous wall or within a thrombus. It has been described in patients with long-standing portal hypertension, and rarely in infants with congenital anomalies or umbilical vein catheterization during postnatal period. Sclerosis and calcification within the thickened intima and media of the vein may result from mechanical stress. CT is the most sensitive examination for revealing portal venous calcification, followed by sonography, and then by radiography. The recognition of extensive calcification in the wall of portal venous system may have a therapeutic significance when a porto-systemic shunt is planned, as their presence may interfere with creation of a venous anastomosis.

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