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Summary

EXTRAHEPATIC PORTAL VEIN OBSTRUCTION (EHPVO) SECONDARY TO PARADOXICAL REACTION (PR) IN TUBERCULOUS LYMPHADENITIS: A CASE REPORT

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A 51-year-old male on anti-tubercular therapy developed extrahepatic portal vein obstruction and variceal bleeding due to paradoxical reaction in tuberculous lymphadenitis, managed successfully with steroids and portal vein stenting.

KEY POINTS

- The patient presented with melena and symptomatic anaemia six months into anti-tubercular therapy, with upper GI endoscopy revealing oesophageal varices and CT showing an enlarging nodal mass at the porta hepatis compressing the portal vein
- Despite steroid-induced regression of the nodal mass, persistent portal vein compression with greater than 50 percent obstruction and splenorenal collateralisation was documented on CT portogram
- Interventional radiology successfully placed a portal stent with no further gastrointestinal bleeding and confirmed stent patency on follow-up Doppler ultrasound
- The case illustrates that paradoxical reaction in tuberculous lymphadenitis, though a common phenomenon following antitubercular therapy, is a rare but significant differential diagnosis for extrahepatic portal vein obstruction presenting with life-threatening variceal haemorrhage

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