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Summary

RECURRENT JAUNDICE SECONDARY TO BENIGN RECURRENT INTRAHEPATIC CHOLESTASIS (BRIC) IN AN IMMUNOCOMPETENT YOUNG PATIENT WITH A CONCURRENT SITUS INVERSUS TOTALIS WITH CONGENITALLY INTERRUPTED INFERIOR VENA CAVA: A CASE REPORT

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A 25-year-old Filipino male with recurrent jaundice and family history of cholestasis was diagnosed with benign recurrent intrahepatic cholestasis concurrent with situs inversus totalis and multiple congenital vascular anomalies.

KEY POINTS

- The patient presented with recurrent episodes of jaundice and pruritus with spontaneous resolution, displaying a cholestatic pattern with 14-fold elevated direct bilirubin and 2.3-fold elevated alkaline phosphatase.
- MRCP revealed situs inversus, hepatic cysts, polysplenia, and absence of the hepatic segment of the inferior vena cava with hepatic veins draining directly into the right atrium.
- Liver biopsy demonstrated chronic passive congestion, periportal inflammation, and bile stasis.
- The patient was managed conservatively as benign recurrent intrahepatic cholestasis with concurrent situs inversus totalis despite inconclusive autoimmune markers.
- This case may interest clinicians managing recurrent cholestasis with complex congenital anatomical variants.

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