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Interplay Between Biliary Cyst and Sarcoidosis to Sinusoidal Dilatation with Venous Outflow Impairment

Arifbillah Sarowar
Wayne State University, fy3818@wayne.edu

Karthik Babu Kolisetty
Wayne State University School of Medicine

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Arif Sarowar, Karthik Kolisetty

Introduction: Sinusoidal dilatation in liver biopsy has been found to be associated with venous outflow impairment, however, may be caused by different factors. Such observations may be related to systemic issues such as biliary cyst and sarcoidosis. **Case Presentation:** Lobulated shrunken hepatic morphology may indicate hepatic cirrhosis. Sinusoidal We present a case 65-year-old African American female with a history of elevated liver enzymes, elevated liver enzymes, sarcoidosis, and portal hypertension. Patient has had a past surgical history of cholecystectomy, esophagogastroduodenoscopy, and mastectomy. Liver biopsy was performed showing venous outflow obstruction and sinusoidal dilation with no fibrosis. MRI done showed question of lobulation and 1.7cm liver mass most likely representing a hemangioma. MRI/MRCP showed a biliary structure. Subsequent ERCP and cholangioscopy showed stricture in the common hepatic duct, found to be related to extrinsic compression, likely from the portal vein. Biliary epithelium appeared normal. The patient was treated by performing a biliary sphincterotomy and placement of a biliary stent. No evidence of stricture, mass, or abnormality was noted on the cholangioscopy in the left and right main hepatic ducts. 1-year post-procedure, patient's MRI showed similar-to-slight improvement in mild to moderate intrahepatic biliary dilation which may relate to a known central stricture. Portal hypertension can result from disrupted hepatic venous outflow, which may have progressed to patient's indication of cirrhosis. Prior portal vein thrombus may also have been involved, causing portal hypertension and consequent gastrointestinal bleeding. **Conclusion:** This case highlights venous outflow obstruction and sinusoidal dilatation, in the presence of sarcoidosis and biliary cyst.