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Budd-Chiari syndrome - is diaphragmatic compression of hepatic veins and vena cava inferior the underlying precipitating cause?

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Background

Budd-Chiari syndrome (BCS) is an enigmatic condition that manifests in conjunction with tumours, but predominantly in association with hypercoagulability disorders.< div >The present-day unanswered question pertains to the underlying mechanism that governs the clotting process, specifically inquiring into the rationale behind its occurrence at a distinct anatomical location: the hepatocaval confluence.< div >The present study is based on observations made during venous workups of mostly female patients suffering from chronic abdominal pain.

Patients and methods

A total of 600 patients suffering from chronic abdominal pain underwent a functional quantitative colour Doppler ultrasound examination of their abdominal and pelvic arteries and veins from 01/2025 til 06/2026. The examination encompassed the diaphragmatic segment of the inferior vena cava (IVC) and the hepatic veins (HV) at their confluence, and within the liver. The results of their exhaustive prior diagnostics were inconclusive.< div >The study incorporated the measurement of blood flow velocities using PW-Doppler ultrasound, focusing on the midrespiratory, end-in- and end-expiratory diaphragmatic positions.

Results

In 42 of 600 patients a respiration-dependent compression of the IVC and HV at their subdiaphragmatic confluence was found. All patients had additional vascular compression syndromes, mainly left renal (so-called Nutcracker syndrome) and left common iliac vein (so-called May-Thurner syndrome) and Median Arcuate Ligament Syndrome (MALS) and rarely mesenteric artery compression of the duodenum (so-called Wilkie syndrome) usually in varying combinations.

Conclusions

BCS can manifest as diaphragmatic compression syndrome of IVC and HV. It may be part of a spectrum of the so-called midline congestion syndrome. The rhythmically compressing diaphragm may initiate thromboses at the venous confluence and may thus be the true origin of symptomatic BDS cases which are diagnosed as thrombosis with overt clinical sequelae only at later stages.

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