

Aims and Background

Non cirrhosis portal hypertension (NCPH) is a poorly understood disease. Most of the patient is initially incorrectly labelled as having liver cirrhosis presenting as haematemesis or melaena. This patient came to outpatient department (OPD) with complaints of lump in abdomen and melaena. After evaluation he had no etiology of liver cirrhosis in serological investigation and liver biopsy. So, we chose to write this case report.

History

A 19-year-old boy came to out-patient department (OPD) of Hepatology department for evaluation of lump in upper abdomen. The patient had complained of having 3 months history of gradually increasing upper abdominal lump, mainly in the left upper abdomen associated with some abdominal discomfort, fatigue and black terry stool for 3 days. Abdominal lump was not associated with vomiting, abdominal pain, fever, altered bowel habit, weight loss. On query, he had no H/O fever, coughs and jaundice. For evaluation of patient, we admitted this patient into hospital and underwent several investigations. After getting Esophageal varices we had done endoscopic esophageal ligation (EVL) and searched etiology of liver cirrhosis. As we found no etiology, then we planned for liver biopsy. His **physical examination** revealed mild anaemia and splenomegaly. Otherwise, unremarkable in all systemic examinations. Based on splenomegaly, esophageal varices with normal LFT and liver biopsy report we reached to diagnosis of NCPH to this patient.

Investigation

Date	Investigation Type	Findings
10.08.2022	Complete Blood Count (CBC)	Hb: 9.6 g/dL (Low) WBC: 5500 /cumm (Normal) Platelet: 115,000 /cumm (Low)
	Liver Function Test (LFT)	Bilirubin: 2.8 mg/dL (Elevated) SGPT (ALT): 16.8 U/L (Normal) SGOT (AST): 14 U/L (Normal) Albumin: 4.3 g/dL (Normal) PT: 12 sec (Normal)
	Ultrasound (USG) Whole Abdomen	Splenomegaly Mild ascites
12.08.2022	Upper GI Endoscopy	Oesophageal varices
	Viral Serology	HBsAg: Negative Anti-HCV: Negative Anti-HBc (Total): Negative
	Hb Electrophoresis	Normal
15.08.2022	Wilson's Disease Workup	Ceruloplasmin: 32 mg/dL (Normal/Borderline) 24hr Urinary Copper: 7.53 µg (Normal) Ferritin: 72 ng/mL (Normal)
	Autoimmune Profile	ANA: Negative Anti-LKM: Negative ASMA: Negative
30.08.2022	Liver Biopsy	Mild steatosis HAI: 2/18 Knodel score: 3/22

Result

The patient had anemia (Hb 9.6 g/dL), thrombocytopenia (115,000/cumm), and elevated bilirubin (2.8 mg/dL) with normal transaminases and preserved liver synthetic function. Imaging revealed splenomegaly and mild ascites. Endoscopy showed esophageal varices. Viral (HBsAg, anti-HCV, anti-HBc) and autoimmune markers (ANA, ASMA, anti-LKM) were negative. Workup for Wilson's disease was unremarkable. Liver biopsy showed mild steatosis with minimal necroinflammation and no significant fibrosis (HAI 2/18; Knodel 3/22), consistent with non-cirrhotic portal hypertension, possibly cryptogenic or NAFLD-related. Its

Conclusion

NCPH is rare and diagnosed by exclusion of other cause of liver cirrhosis. Treatment focus on complication of portal hypertension. But NCPH has better prognosis than cirrhosis of liver.