
Abstract

Intrapulmonary vascular dilatations in the presence of chronic liver cell disease (CLCD), portal hypertension or congenital portosystemic shunts result in hepatopulmonary syndrome (HPS). Cyanosis, platypnoea and orthodeoxia are the main clinical features and contrast echocardiography is used for its diagnosis. The only available curative therapy is liver transplantation. Here we report a case of 62-year-old lady with CLCD and portal hypertension, who was investigated for hypoxia, clubbing and cyanosis. The diagnosis of HPS was made with the aid of arterial blood gas analysis, saline bubble contrast echocardiography and computer tomographic pulmonary angiography.