

## Radionuclide venography as a clue to the diagnosis of Budd-Chiari syndrome

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A patient was examined with radionuclide venography (RVG) to investigate unilateral leg oedema which might be due to deep vein thrombosis. RVG with Tc-99m MAA demonstrated no findings to suggest deep vein thrombosis of the right leg. However, collateral flow derived from the left common iliac vein and truncated inferior vena cava (IVC) were revealed. Contrast venography confirmed the obstruction of IVC and collateral flow from the left common iliac vein to the left ascending lumbar vein. It also showed the obstruction of hepatic veins and the patient was finally diagnosed as Budd-Chiari syndrome. Although unilateral leg oedema is an atypical symptom in Budd-Chiari syndrome, the findings on RVG led us to conduct further imaging studies to reach the diagnosis.

**Key words:** radionuclide venography, Budd-Chiari syndrome, inferior vena cava