

Caput Medusae Mimicking Umbilical Hernia

Rahul Kumar^{1*}, Tanvi Batra², Atul Kakar³

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A 34-year-old female, a diagnosed case of chronic liver disease, presented to the emergency department with yellowish discoloration of the skin, abdominal distension, and bilateral lower limb swelling for 1 week. She also complained of painless swelling over her umbilicus for the last 6 months. On examination, she was conscious, oriented, and hemodynamically stable. General physical examination revealed icterus and bilateral pitting pedal edema up to the knees. On abdominal examination, the abdomen was distended and shifting dullness was present. A large swelling of approximately 7 × 5 cm was present over the anterior abdominal wall with a palpable thrill and an audible Cruveilhier–Baumgarten murmur (Figs 1A and B). The swelling was not reducible and had no signs of inflammation. The rest of the systemic examination was normal.

Abdominal computed tomography (CT) angiography revealed chronic liver disease, splenomegaly, ascites with multiple perisplenic collaterals coursing along the

anterior abdominal wall with a bunch of dilated collaterals in the paraumbilical region which drained into the systemic veins (Fig. 2).

Based on the clinical examination and imaging, this swelling was diagnosed as caput medusae. The patient was managed conservatively.

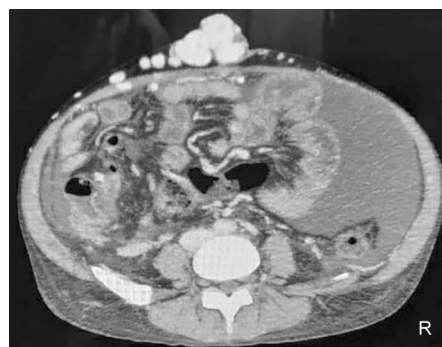


Fig. 2: Computed tomography angiography showing dilated collaterals in the paraumbilical region draining into the systemic veins (caput medusae appearance)

The term “caput” is the Latin derivation for “head.” “Medusae” comes from the Greek mythology and depicts an ancient monster who had hair made of snakes, moving in all directions.¹ Caput medusae is a cardinal feature of portal hypertension. The appearance of the same can be attributed to portosystemic collateral formation with portal vein blood shunted through umbilical veins into the abdominal wall systemic veins. The umbilical vein usually carries oxygenated blood from mother to fetus and is closed off within 1 week of birth. In cases of portal hypertension, it gets recanalized.^{2,3} It is a rare phenomenon these days due to timely diagnosis and treatment of portal hypertension.

ORCID

Rahul Kumar <https://orcid.org/0009-0005-5247-0113>

Tanvi Batra <https://orcid.org/0009-0007-8215-5792>

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¹DNB Trainee; ²Associate Consultant, Department of Internal Medicine; ³Senior Consultant, Department of Medicine, Sir Ganga Ram Hospital, New Delhi, India; *Corresponding Author

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Figs 1A and B: Grossly dilated tortuous venous swelling over the anterior abdominal walls in the umbilical region