A 42-year-old woman with a history of chronic alcoholic liver disease and a congenital liver defect (partial porto-caval shunt) presented with choloria, acholia and hyporexia after re-initiating alcohol intake. During physical examination, frank jaundice was observed. Blood work showed cholestasis and elevated cytolysis. CT in venous phase showed an image typical of Abernethy malformation with communication (arrow) between the portal (star) and caval (triangle) veins, as well as an ischemic area in the right liver. With a diagnosis of acute liver failure due to alcohol use and ischemia (due to progression of the porto-caval shunt), treatment was begun with pentoxifylline and nutritional supplements, and an improvement in symptoms was observed (Fig. 1).

Conflict of Interests

The authors have no conflict of interests to declare.

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