HEPATIC ENCEPHALOPATHY IN NON-CIRRHOTIC PORTAL HYPERTENSION: A CASE REPORT

FAHIM HAQUE[1], ASHIQUE AHMED BHUIYAN[1]

Hepatic Encephalopathy (HE) is a frequent and debilitating complication of liver disease. HE is usually a consequence of decompensated liver cirrhosis or acute liver failure. The absence of liver cirrhosis may prolong the time to diagnosis in these patients, as physicians need to identify conditions other than liver failure. Here, we report the unusual presentation of hepatic encephalopathy without liver cirrhosis in a 53-year-old Bangladeshi woman. A 53-year-old Bangladeshi woman presented with acute confusion and gradually worsening sleep disturbances. She was oriented to person, but not to time and place. She was normotensive, non-diabetic and had no previous history of liver, kidney or respiratory disease. The physical examination showed no abnormalities; in particular, the abdomen was completely normal with no peripheral stigmata of chronic liver disease. There were no focal neurological deficits. However, a flapping tremor was present. Investigations revealed preserved synthetic liver, kidney and metabolic function. Viral serology was negative. However, the complete blood count showed mild thrombo-cytopaenia, and serum ammonia was grossly elevated. Ultrasound showed a mildly coarse, shrunken liver, a dilated portal vein and splenomegaly (clinically not palpable). Upper GI endoscopy revealed a grade-II oesophageal varix. Transient elastography (Fibroscan) of the liver indicated portal fibrosis (F2) without septal involvement.

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Affiliation:
1. *Department of Hepatology, Universal Medical College, Dhaka, Bangladesh.*