

Persistence or recanalization of the right umbilical vein - case report

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In the fetal circulation, the blood proceeding from the placenta is carried by the right 'R' and left 'L' umbilical veins, to the liver. With the development of the fetus, both veins loose their connections with the heart. The 'R' umbilical vein and the cranial portion of the 'L' umbilical vein, between the liver and venous sinus, disappear. The persistent portion of the 'L' vein becomes the "umbilical vein", which in the future will become the round ligament of the liver³. By the adult life some conditions that change the liver blood perfusion, like cirrhosis or schistosomosis, may lead to modifications of the portal system haemodynamics creating a hepatofugal flow that may recanalise one of the umbilical veins⁴. There are also, to the right and the left of the fibrous chord witch replace the umbilical vein in the adult, two little veins that are originated from each side of the umbilical scar, named paraumbilicals⁵. The persistence of the right umbilical vein was described substituting the left one in 2/3 of the cases and, in additional way it in 1/3 of cases. The intra-hepatic portion of the 'R' umbilical vein is lateral to the gallbladder, and the portal vein curves toward the stomach, instead of being parallel to it². The aim of this study is to describe a case in which the 'R' umbilical vein persists. During the preparation of a feminine, medium brown, adult corpse, to study, a vase with 8mm of diameter was found, about 40 mm of the hepatic entrance, anteriorly situated to the round ligament of the liver, following the anterior abdominal wall and ahead of the parietal peritoneum, down to the umbilical scar. Although the causa mortis had not been determined, it had surely signs of portal hypertension shown by the hepatosplenomegaly and increasing of the portal vessels. Persistence of 'R' umbilical vein or recanalization of 'R' umbilical vein, due to portal hypertension.