Initial endoscopy showed small esophageal varices. Hepatotropic infections, HIV and thrombophilias were ruled out, concluding prehepatic PH secondary to TCVP and Child-Pugh A chronic liver disease (CLD).

At 3 years of follow-up, jaundice, generalized pruritus, direct hyperbilirubinemia asadded, with CA 19.9, normal IgG, negative ANA and AMA, and cholangio resonance with stenosis of the common bile duct and dilation of the intrahepatic and extrahepatic bile ducts.

In 2023, at 24 years of age, he had advanced decompensated CLD secondary to probable portal cholangiopathy due to TCVP, with persistent ascites, large esophageal varices, encephalopathy and recurrent cholangitis, so it was decided to place percutaneous drainage with biochemical improvement but presenting new episode of severe acute cholangitis associated with septic shock and acute-on-chronic liver failure, with a torpid evolution despite management with meropenem and ceftriaxone.

Results: TCVP is characterized by the formation of dilated collateral venous pathways in the portal vein, secondary to portal thrombosis, causing PH. A rare complication of both is portal cholangiopathy.

In the clinical case presented, what is notable is the patient's evolution characterized by cholestasis and CLD secondary to cavernomatosis due to portal thrombosis of unknown cause with progression of complications derived from portal hypertension. As part of the approach, hepatic infectious and hepatic autoimmune processes are ruled out and CA 19.9 is requested to assess the risk of cholangiocarcinoma. Subsequently, a magnetic resonance cholangiography was performed which showed a stenosis of the common bile duct.

Therefore, a portal cholangiopathy was considered due to the history of TCVP and the clinical, biochemical and imaging data that supported the diagnosis despite its low frequency. There are various theories about PH and its involvement of the bile duct, but it is considered to be due to compression of the bile duct walls secondary to the cavernoma, dilation of the venous plexuses of the common bile duct and ischemia, the latter being the reason for the failure. of bile duct diversion in some patients, as in this case presented.

Conclusions: Portal cholangiopathy should be considered in patients with cholestasis and portal hypertension; its origin should also be investigated in order to provide timely management that reduces the risk of complications and disease progression.

Ethical statement: Under bioethical principles of beneficence, non-maleficence, justice and autonomy, consent is provided to a legal representative, who voluntarily and informedly accepts the use of their information without publication of personal data, certifying by all authors their participation in the development of this project. holding us responsible for its content and declaring it to be true, not duplicated, without fraud or fabrication.

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Autoimmune hepatitis with overlap of primary biliary cirrhosis as the cause of esophageal varices in a geriatric patient, case report.

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Introduction and Objectives: A case is presented of an elderly female patient, without risk factors or comorbidities, who debuts with apparent gastrointestinal bleeding, leading to a diagnosis of autoimmune pathology. The aim is to highlight the importance of a comprehensive approach to pathologies in functional geriatric patients.

Patients and Methods: A female patient in the seventh decade of life, housewife, with reference to unspecified leukemia in hereditary family history. Denies having tattoos. In her past medical history, the only notable are a cholecystectomy performed 25 years ago without complications and a right breast cyst resection done 30 years ago with histopathological study negative for malignancy. Denies alcohol consumption, denies history of blood transfusion, and no use of non-steroidal anti-inflammatory drugs. With cervico-vaginal cytology performed 4 months ago with a normal report. Functional and independent for activities of daily living, with depressive disorder associated with recent unresolved grief, unestimated weight loss in the last 2 years.

She attends a geriatric outpatient consultation due to sporadic episodes of evacuations with melenic characteristics starting 3 months ago, with the last episode occurring 3 weeks prior. Denies episodes of epistaxis, gingival bleeding, abnormal uterine bleeding, petechiae, or bruises; denies night sweats or fever; presents to medical evaluation with evidence of unspecified-grade anemia; iron and folic acid oral supplementation is initiated. In our service consultation, hemoglobin is reported as 5 g/dl, leading to the decision for admission for further management.

Results: Endoscopy was performed with a report of upper esophageal varices descending to the distal third. Management continues with a joint approach with the Gastroenterology service. Serologies for hepatitis C and B viruses are negative, liver function tests show a cholestatic pattern, and a CT scan reveals reactive changes in the liver as well as splenomegaly. Due to the absence of risk factors, a comprehensive approach for autoimmune hepatitis is initiated, with positive antinuclear and anti-mitochondrial antibodies at a titer of 1:3200, IgG 4734, IgM 887, and anti-SP100 224. Hepatic Doppler ultrasound with elastography shows moderate fibrosis (Metavir score 3). Liver biopsy reports portal lymphoplasmacytic hepatitis with damage to the limiting plate, ductular proliferation, intense lobular damage (binucleation, ballooning, and hepatocyte degeneration), and portal fibrosis (F1). Based on this, a diagnosis of autoimmune hepatitis with overlap of primary biliary cholangitis is made, and targeted management is initiated.

Conclusions: Emphasizing the importance of continuing to address pathologies in patients regardless of age group and in an interdisciplinary manner is crucial. In our study population, functionality in basic and instrumental activities of daily living plays a significant role.

Ethical statement: All authors listed declare their participation in the process of describing the clinical case. This summary has not been previously accepted for digital or print publication. Additionally, informed consent with the patient's authorization for the publication of personal information for scientific and academic purposes has been obtained.

Declaration of interests: I declare that I was not subject to any direct influence from any manufacturer, merchant, or corporate entity during the completion of this project.

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