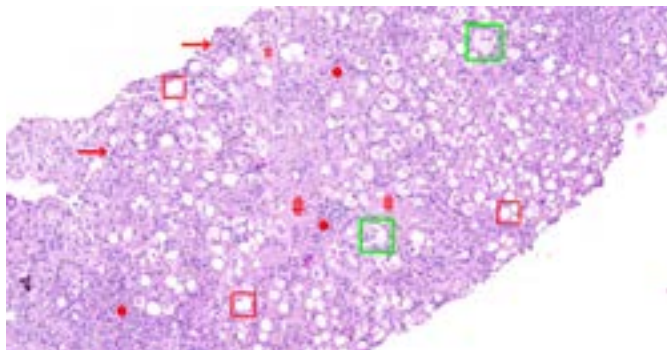
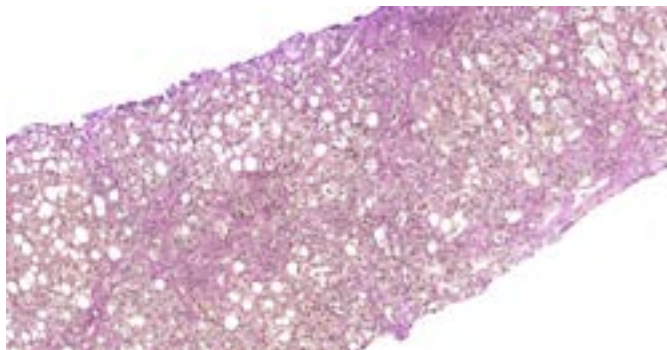


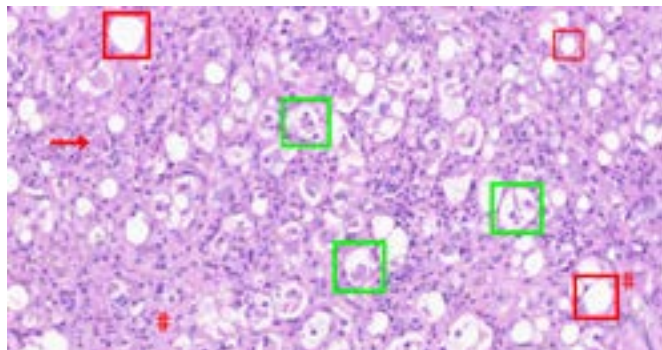
**Fig. 2a.** Image of severe steatohepatitis in the cirrhosis stage (basic HE staining, 200×): predominantly macrovesicular steatosis, confluent ballooning degeneration of hepatocytes with Mallory hyaline, focal apoptotic bodies, pronounced lobular inflammatory cellularity with predominance of neutrophil granulocytes including satellitosis, extensive perisinusoidal fibrosis and formation of fibrous septa. Ballooning degeneration with Mallory hyaline (□ – green), macrovesicular steatosis (□ – red), apoptotic body (→), satellitosis (●), perisinusoidal fibrosis (#)



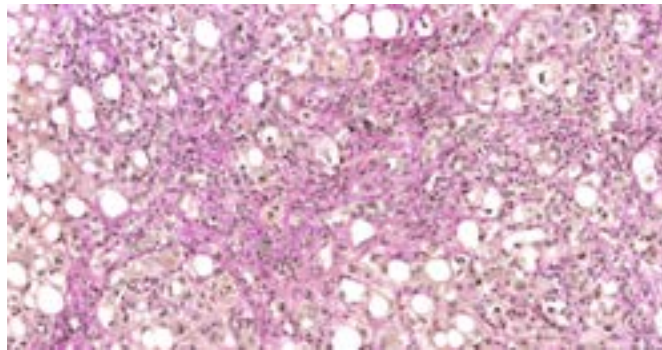
**Fig. 2c.** Image of severe steatohepatitis in the cirrhosis stage (van Gieson stain, 200×): porto central and porto portal fibrous septa and marked perisinusoidal fibrosis (reddish staining)



**Fig. 2b.** Image of severe steatohepatitis in the cirrhosis stage (basic HE staining, 400×): predominantly macrovesicular steatosis, confluent ballooning degeneration of hepatocytes with Mallory hyaline, focal apoptotic bodies, pronounced lobular inflammatory cellularity with predominance of neutrophil granulocytes including satellitosis, extensive perisinusoidal fibrosis. Ballooning degeneration with Mallory hyaline (□ – green), macrovesicular steatosis (□ – red), apoptotic body (→), satellitosis (●), perisinusoidal fibrosis (#)



**Fig. 2d.** Image of severe steatohepatitis in the cirrhosis stage (van Gieson stain, 400×): marked perisinusoidal fibrosis (reddish staining)



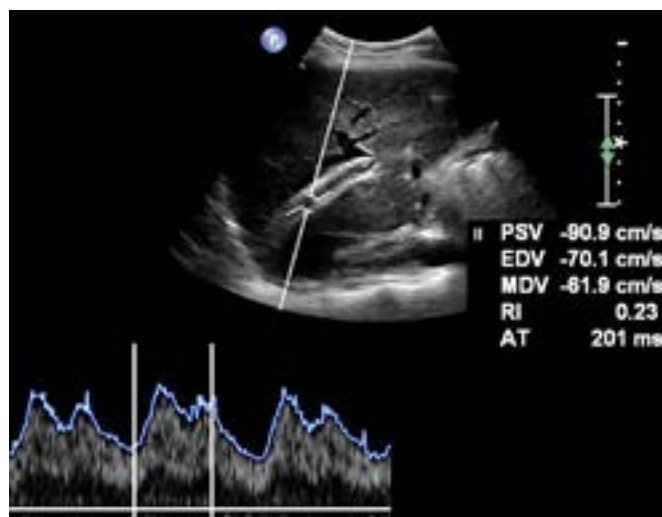
finding esophageal varices and due to this, we did not use any secondary prophylaxis. During pregnancy, the flow through the TIPS was free, without thrombosis so we did not repeat the endoscopy.

The patient gave birth to a healthy premature baby by caesarean section in the 39th week of gestation, with physiological measures 3900 g and 51 cm. She came to the clinic for a check-up 4 months after delivery, liver cirrhosis was compensated, Child-Pugh A, flows in TIPS free.

One year after birth, the patient was admitted to a hospital for acutely presented paresthesia, pain and mild paresis of the right lower limb. A magnetic resonance imaging showed multiple lesions of vertebrae spanning from T6 to S2 with extraosseal infiltration of intervertebral foramina. A staging CT then discovered multiple skeletal infiltrates in vertebrae, ribs, skull and limb bones and also infiltration of pancreas and breasts. Based on these findings, a biopsy of the vertebral lesion and a trephine biopsy of an iliac bone marrow were performed. Histology results then identified the lesions as an infiltration with B-lineage LBL.

Our patient was treated with several cycles of chemotherapy, however achieved only a partial remission of the bone and organ lesions and simultaneously relapsed in the central nervous system. Unfortunately, the patient died 2 years after the oncologic diagnosis.

**Fig. 3.** Ultrasound and Doppler of the liver. After TIPS procedure – implanted stent graft with normal flow velocities around 90 cm/s



## Discussion

There are no published systematic reviews on the management of cirrhosis or portal hypertension during pregnancy, which is likely because of the low prevalence of cirrhosis in women of reproductive age and reduced fertility of women with cirrhosis (10). Cirrhosis results