

Case	(455) Cholecystitis...oh, wait!
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CASE PRESENTATION

A 36-year-old woman who had an eutocic delivery 9 days before, attended the emergency room (ER) due to abdominal pain in the right upper quadrant of 5 days of evolution and febrile sensation, as well as shivering of predominance at night. Without other symptoms.

Examination revealed pain on the flank and right hypogastrium with a positive Murphy sign. Febrícula of 37°.

Leukocytosis with neutrophilia and PCR 110. Cholecystitis is suspected, so an abdominal ultrasound is performed in which this diagnosis is ruled out.

The existence of free fluid in the right iliac fossa was noteworthy, along with an increase in the echogenicity of the regional fat, so the study was completed with an abdominal CT scan enhanced with iodinated contrast material in which the enlarged right ovarian vein was observed, with hypodense content and rarefaction of adjacent fat, being possible the diagnosis of thrombosis of the right ovarian vein, probably septic.

DISCUSSION

Ovarian vein thrombosis (OVT) is a rare but serious disease in the early postpartum period (2-7 days), more frequent in dystocic births; as well as in any pelvic surgery, in cancer patients and in patients affected by pelvic inflammatory disease.

In 90% of cases it occurs on the right side, probably due to the compression of the right ovarian vein against the promontory and the presence of retrograde flow in the left ovarian vein.

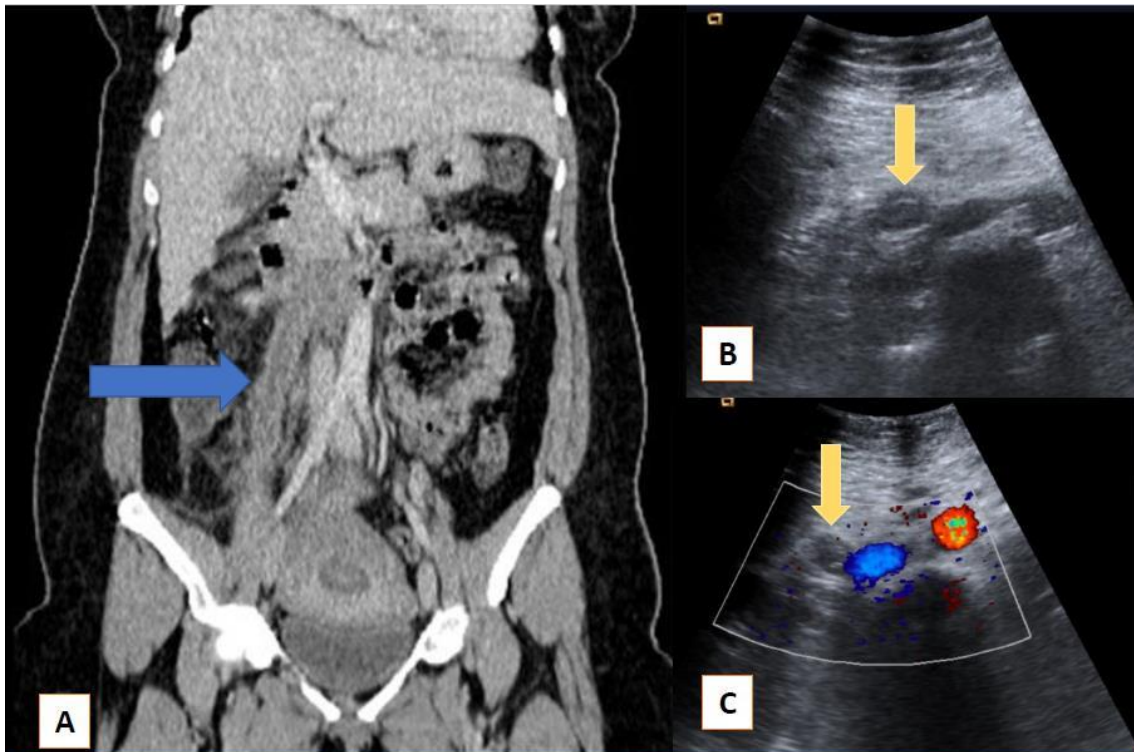
The clinical findings are nonspecific, being able to simulate other abdominal infectious diseases (appendicitis, colecistitis, pyelonephritis) and other gynecological pathologies.

CT, ultrasound and MRI are non-invasive and sensitive methods for accurate diagnosis of TVO and can prevent surgery.

It can cause serious complications, such as sepsis, inferior vena cava or renal vein thrombosis, pulmonary thromboembolism (13%) and eventually death (4%); and the treatment is usually conservative with anticoagulants and antibiotics.

CONCLUSION

Ovarian vein thrombophlebitis is a potentially fatal but fortunately rare postpartum / pelvic surgery complication. Radiologists should be familiar with the findings of this pathology in the different imaging tests and have a high level of suspicion to enable their diagnosis.



A- Coronal image showing the enlarged right ovarian vein with hypodense content that reaches the inferior vena cava (blue arrow). It also associates adjacent fat hyperechogenicity and free fluid. Note also the increase in uterine size. B/C- Axial image showing the anechoic ovarian vein with absence of flow in Doppler US (yellow arrow). Control post-3 weeks.

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