

Case	(649) Ischemic small bowel due to portomesenteric venous thrombosis.
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CASE PRESENTATION

A 60-year-old man with no relevant medical history.

He went to the Hospital Emergency for hypogastric abdominal pain, with irradiation to the left iliac fossa of two weeks of evolution, which worsened in the last two days. No fever, vomiting, or alterations of the depositional rhythm. No signs of peritoneal irritation.

Analytical: leukocytosis with neutrophilia and a C-reactive protein 54 mg / L.

Abdominal ultrasound is requested for suspected acute diverticulitis, observing partial thrombosis of the portal vein and the superior mesenteric, with no clear signs of AD. Abdominal and pelvic CT with iv contrast: Partial and central repletion defect in superior mesenteric vein with extension to its distal branches and common portal vein, compatible with incomplete venous thrombosis, associated with parietal thickening and absence of mural enhancement of a long segment of preterminal ileum in left iliac fossa in relation to ischemic intestinal segment. The adjacent mesentery is markedly edematous. Scarce amount of ascites. No signs of intestinal pneumatosis or pneumoperitoneum.

DISCUSSION

Mesenteric venous thrombosis (MVT) is a rare cause of acute intestinal ischemia, representing 5-10% of all cases, affecting the superior mesenteric vein in 95% of them. It can be acute, subacute or chronic.

Thrombosis of the mesenteric vein may be primary (of unknown cause) or secondary (hypercoagulability, portal hypertension, neoplasms, oral contraceptives, infections or intraabdominal inflammation, ...).

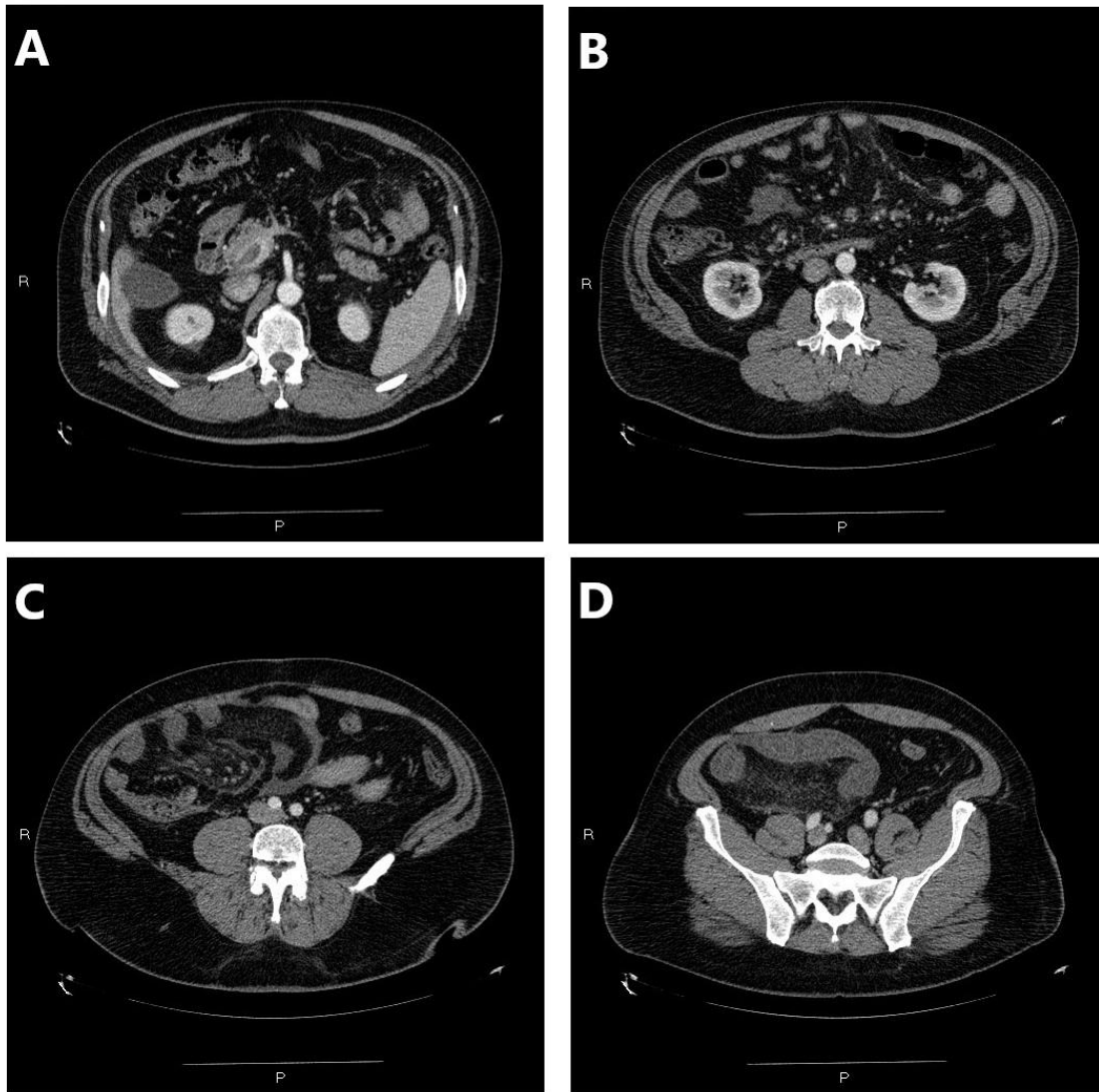
Proximal mesenteric venous thrombosis does not usually result in severe intestinal ischemia due to collaterality between mesenteric and systemic veins. These cases are usually secondary to intra-abdominal causes. By contrast, thrombosis of distal mesenteric veins, usually secondary to prothrombotic states, can lead to hemorrhagic infarcts of the intestinal wall.

They have a better prognosis than ischemia of arterial cause.

The treatment, in case of absence of irreversible ischemia, can be by conservative treatment (unfractionated heparin) or thrombolysis / endovascular thrombectomy. Otherwise, intestinal resection is necessary.

CONCLUSION

Although MVT is an uncommon cause of acute mesenteric ischemia, the radiologist must know the findings and probable causes of acute mesenteric ischemia of venous origin.



(A) The superior mesenteric vein is partially occluded by thrombus, the leading edge of which extends into the portal vein. (B) Occupation by thrombus of the distal branches of the superior mesenteric vein. (C, D) Loops of distal ileum are markedly edematous and show absence contrast enhancement within their walls. The adjacent mesentery is also markedly edematous. Small amounts of free fluid. No free gas detected to suggest perforation.

BIBLIOGRAPHY

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