

An Unusual Case Presentation of Chronic Superior Mesenteric Vein Thrombosis

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Introduction

Intestinal ischemia can be caused by any process that reduces intestinal blood flow. Mesenteric venous thrombosis (MVT) describes thrombosis of the superior or inferior mesenteric vein, and represents approximately 10 percent of all cases of acute mesenteric ischemia. The incidence of MVT has increased over the past 40 years, likely as a result of greater use of abdominal CT, and may present with acute abdominal pain or as an asymptomatic incidental finding on abdominal imaging. We present a rare and unusual case of MVT.

Case presentation

A 42 year old female with decompensated alcoholic liver cirrhosis presented to the ED with severe RLQ pain associated with nausea and nonbloody emesis. She had a pulse of 130, BP of 102/47 and temperature of 102.5. Physical exam demonstrated a mildly distended abdomen with tenderness to palpation of the right upper and lower quadrants, and a negative fluid wave shift. Lactic acid on admission was 3.9. She was resuscitated with IV fluids and started on broad spectrum antibiotics. Blood cultures on admission grew *E. coli*. Lactic acid continued to rise despite fluid replacement and antibiotics, and her pain did not subside. A CT abdomen & pelvis with contrast was ordered for concern of acute appendicitis, and was notable for thickening of the terminal ileum with a normal caliber appendix. Her lactic acid peaked at 6.7, and concern arose for mesenteric ischemia. A CT angiography abdomen & pelvis was done revealing a chronic occlusion of the central superior mesenteric vein, with cavernous transformation. The patient's lactic acid improved, and she remained hemodynamically well compensated despite no intervention pursued for her MVT after involving GI and IR. She was eventually discharged in stable condition.

Discussion

Two large series demonstrated that chronic MVT accounts for 24% to 40% of total cases of MVT. Our patient had the rarer chronic MVT in the setting of suspected mesenteric ischemia, however, this was likely an incidental finding and was not the source of her pain. Our case highlights the importance of acknowledging the different presentations of MVT such that investigation and management is not confounded by the rarity of the pathology.