

PICTURES IN DIGESTIVE PATHOLOGY

Mesenteric-portal axis thrombosis and deep venous thrombosis in a patient with inferior vena cava agenesis

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CASE REPORT

We report the case of a 41-year-old patient who presented with abdominal pain and lower extremity edema. He was diagnosed with portal thrombosis and mesenteric-portal confluence thrombosis as well as bilateral deep vein thrombosis (DVT) and right lumbar vein thrombosis, all in association with congenital agenesis of the inferior vena cava (IVC).

Figure 1 shows a coronal reconstruction of a multi-slice computed tomography (CT) with intravenous contrast in the portal phase, where the hepatic and suprarenal trajectory of the IVC (dotted line) appears to be interrupted. This is consistent with IVC agenesis, and a thin remnant of the infrarenal segment may be seen as a filiform repletion defect which is attributable to thrombosis (arrow). Vascular structures that may be related to collateral circulation have developed at the right pararenal level (white arrowhead). Both common iliac veins are dilated (stars). Figure 2 shows a coronal slice at the main portal vein level with the absence of contrast along its trajectory and only a thin line enhancing the upper contour, which is compatible with acute portal thrombosis (arrows).

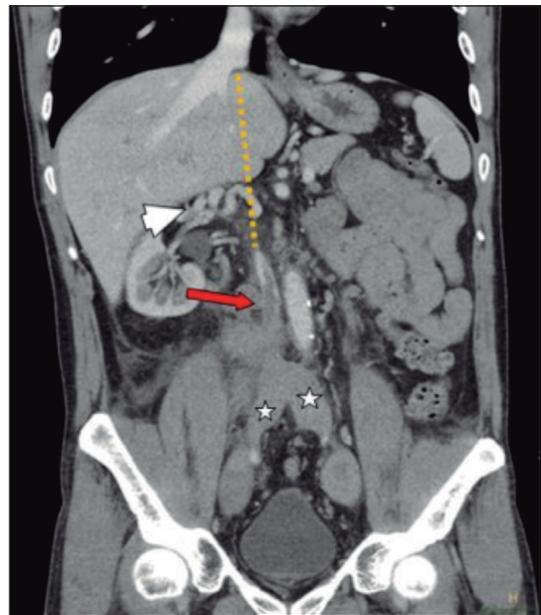


Fig. 1. Abdominal multi-slice CT scan with intravenous contrast.

DISCUSSION

ICV agenesis is a rare vascular malformation associated with DVT in 5-9% of cases. The fact that patient presentation is concomitant with lumbar vein and portal vein thrombosis is particularly interesting since only one case relating IVC agenesis to portal thrombosis has been reported so far in the literature (Ormaechea et al. [3]). No cases have been reported where this malformation is associated with such an extensive multiple thrombosis.

REFERENCES

1. García-Fuster MJ, Forner MJ, Flor-Lorente B, et al. Anomalías de la vena cava y trombosis venosa profunda. *Rev Esp Cardiol* 2006;59(2):171-5. DOI: 10.1157/13084646
2. Lambert M, Marboeuf P, Midulla M, et al. Inferior vena cava agenesis and deep vein thrombosis: 10 patients and review of the literature. *Vasc Med* 2010;15(15):451-9. DOI: 10.1177/1358863X10391355
3. Ormaechea C, Praderi R. Portal vein thrombosis and agenesis of the inferior vena cava. *Arq Bras Med* 1960;50:479-80.



Fig. 2. Abdominal multi-slice CT scan with intravenous contrast in the portal phase.