

**中文題目：**肝門靜脈氣體於腹部X光之表現與空氣支氣管相似

**英文題目：**Hepatic Portal Venous Gas Mimicking Airbronchograms in the Right Upper Quadrant of the Abdominal X Ray

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**Background:** Hepatic Portal Venous Gas (HPVG) has been reported with increasing frequency in medical literature and usually accompanies severe or lethal conditions. We report hepatic portal venous gas mimicking airbronchograms in the right upper quadrant of the Abdominal X Ray in a patient.

**Case Report:** A 61 years old woman with diabetes, depression, atrial fibrillation and chronic heart failure presented with disturbance of consciousness. At the emergency department, she was tachypneic, tachycardiac, hypotensive and unresponsive. Peritoneal signs were absent. Laboratory data showed mild hypoglycemia, leukocytosis with bandemia, azotemia, hyperlactemia, and abnormal liver function. Chest radiography was unremarkable except cardiomegaly. A kidney, ureter, and bladder (KUB) X-ray showed distended bowels and branching radiolucency in the right upper quadrant (Figures 1 and 2), which was also found in abdominal sonography. However, the sonographic finding was incorrectly interpreted as pneumobilia by a radiologist. After empirical antibiotic treatment and initial resuscitation, she was transferred to the ICU under the impression of septic shock with undetermined source of infection. Abdominal computed tomography (CT) scan on the next day of admission confirmed the presence of branching radiolucency extending to the liver capsule, and pneumatosis intestinalis in a swollen segment of the ascending colon, suggesting ischemic colitis. Conservative treatment was suggested by general surgeon. Multiple organ failure developed. She eventually passed away 16 days after admission.

**Conclusion:** HPVG is a sign of potentially serious acute abdominal pathology, including ischemic bowel, ulcerative colitis, intra-abdominal abscess, and small bowel obstruction. The radiographic appearance of HPVG usually appears as a branching radiolucency extending to the liver capsule, and can be easily seen in abdominal sonography and CT. However, HPVG is often overlooked in plain abdominal radiography. We present a case with HPVG associated with ischemic colitis to raise the awareness of the easily overlooked warning sign in plain abdominal radiography.