

中文題目：門靜脈炎：個案報告

英文題目：Pylephlebitis: A Case Report

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Background:

Pylephlebitis, i.e., thrombophlebitis of the portal vein and its tributaries, is a rare complication of intra-abdominal infections such as diverticulitis, appendicitis or intra-abdominal abscess.

Case Report:

A 48-year-old man with hepatitis C-related liver cirrhosis presented to the emergency department with fever and drowsiness for 3 days. Physical examination revealed a distended tender abdomen with a soft bulging area above the umbilicus. Computed tomography (CT) showed the bulging was due to an abdominal wall abscess, which was connected to a recanalized paraumbilical vein and then to the left branch of the portal vein. The portal vein and its branches were dilated and thrombosed. Moreover, ascites, a lesser sac abscess, and small splenic infarctions were noted. Doppler ultrasonography confirmed the venous thrombosis, and magnetic resonance cholangiopancreatography excluded biliary pathology. Aspiration of the abdominal wall lesion confirmed pus. A diagnosis of lesser sac abscess with pylephlebitis was made. The patient received meropenem and percutaneous catheter drainages of the ascites and the abscesses. *Burkholderia cepacia* was isolated from ascites. A diagnostic laparoscopy was performed and showed purulent ascites and severe peritoneal adhesions. It was however converted to laparotomy due to inadvertent colon perforation. He then received intensive care for septic shock. Eventually, he recovered and was discharged home 4 months later. At 3-month after discharge, a follow-up CT scan showed regression of the pylephlebitis and new collateral vessels around the thrombosed portal vein, i.e., cavernous transformation.

Discussions:

Pylephlebitis may lead to persistent portal vein thrombosis leading to cavernous transformation. Treatment requires antibiotics and removal of infectious foci.

Anticoagulation therapy, albeit controversial, may be considered, if not contraindicated.