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Idiopathic Isolated Thrombosis of the Superior Mesenteric Vein

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Case Description

A 62-year-old female with no medical history presented to the hospital for abdominal pain and loose watery diarrhea. On exam, blood pressure 136/66, respiratory rate 14, saturation 93% on room air, and pulse 95. The abdomen was soft but tender in the epigastric area, no right upper quadrant tenderness, and bowel sounds decreased in all quadrant. Blood work showed hemoglobin 12.9 g/dL, hematocrit 41.2 %, WBC 9.0 K/uL, platelets 183 K/uL, AST 43 U/L, ALT 47 U/L, alkaline phosphatase 141 U/L, Lipase 30 U/L. CT abdomen/pelvis showed superior mesenteric vein thrombosis (figure A). She denied any personal or family history of coagulopathy. She was up to date on her mammogram and colonoscopy. Further workup like flow cytometry, protein C, protein S and Factor V Leiden mutation was unremarkable. She was treated with Eliquis with good clinical response.

Conclusion

An idiopathic isolated superior mesenteric vein is very rare and emergent. It can be diagnosed by a CT scan of the abdomen. Anticoagulant therapy is useful if the diagnosis is made before the stage of bowel infarction and lowers mortality. The physician should include it in the differential diagnosis of abdominal pain.



Figure A

Isolated thrombosis of the superior mesenteric vein (SMV) without involving the splenic or portal vein is very rare and is usually seen with intra-abdominal sepsis or pancreatic neoplasms. It should never be missed due to the fatal complication of mesenteric ischemia and bowel infarction.