

# Portal and Splenic Vein Thrombosis Caused by Acute Pancreatitis

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## Case presentation

A 30-year-old Hispanic gentleman with past medical history of hypertension and dyslipidemia, presented to the emergency department with complaints of a blunt, constant, epigastric pain radiating to his back for 24 hours. Physical examination revealed a man in severe distress, tachypneic and tachycardic. Laboratory data, as well as the physical exam, were consistent with acute severe pancreatitis. The patient was admitted to the intensive care unit (ICU) and a computed tomography (CT) of his abdomen was obtained revealing a large thrombus in the portal vein (**Figure 1**). The patient's condition deteriorated requiring assisted ventilation and vasopressor support. Two weeks following his admission to the ICU, a repeat CT of the abdomen revealed persistence of the portal vein thrombus and a new splenic vein thrombosis (**Figure 2**). The patient was managed conservatively with anticoagulation and eventually weaned off assisted ventilation. The patient was discharged home several weeks after his initial admission.

**Key words:** Splenic vein thrombosis, portal hypertension, pancreatitis, portal vein, computed tomography.

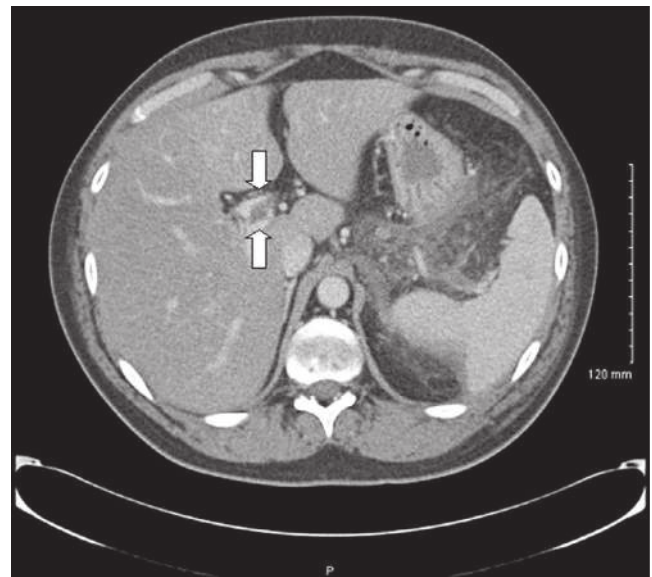
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**Figure 1.** CT of the Abdomen Revealing a Large Thrombus Visualized in the Main Portal Vein (Arrows).



**Figure 2.** Internal Development of Splenic Vein Thrombosis Noted on CT Scan (Arrows).

