

Mesenteric vein thrombosis: a rare but important cause of abdominal pain

Rachael Hughes¹

Sanka Vijayabandara²

Muhammad JH Rahmani¹

Author details can be found
at the end of this article

Correspondence to:

Muhammad JH Rahmani:
m.rahmani3@nhs.net

A 77-year-old woman, who had a colostomy following hemicolectomy for ulcerative colitis, presented with a high output stoma. Despite significant improvement in stoma output, she complained of upper abdominal pain. Ultrasound of her upper abdomen showed an echogenic thrombus within the superior mesenteric vein. Computed tomography angiogram of the aorta confirmed superior mesenteric venous thrombosis at the portal confluence level (Figure 1). The patient was commenced on long-term anticoagulation.

Mesenteric venous thrombosis is a rare but important cause of intestinal ischaemia, with an incidence of around 2.7/100 000 in the general population (Acosta et al, 2008). Common predisposing conditions include surgery, malignancy, abdominal inflammatory conditions and prothrombotic states (Andraska et al, 2020). The most common presenting complaint is abdominal pain. Computed tomography with contrast is highly sensitive (>90%) (Hmoud et al, 2014) in diagnosing the condition. Anticoagulation is given for 3–6 months if identifiable reversible risk factors are present, otherwise long-term anticoagulation is needed. Delayed diagnosis and treatment can lead to 5–15% of patients developing life-threatening mesenteric infarction (McKinsey and Gewertz, 1997).

Author details

¹Department of Health and Ageing, East Sussex Healthcare NHS Trust, St Leonards on Sea, East Sussex, UK

²Department of Age and Ageing, East Sussex Healthcare NHS Trust, St Leonards on Sea, East Sussex, UK

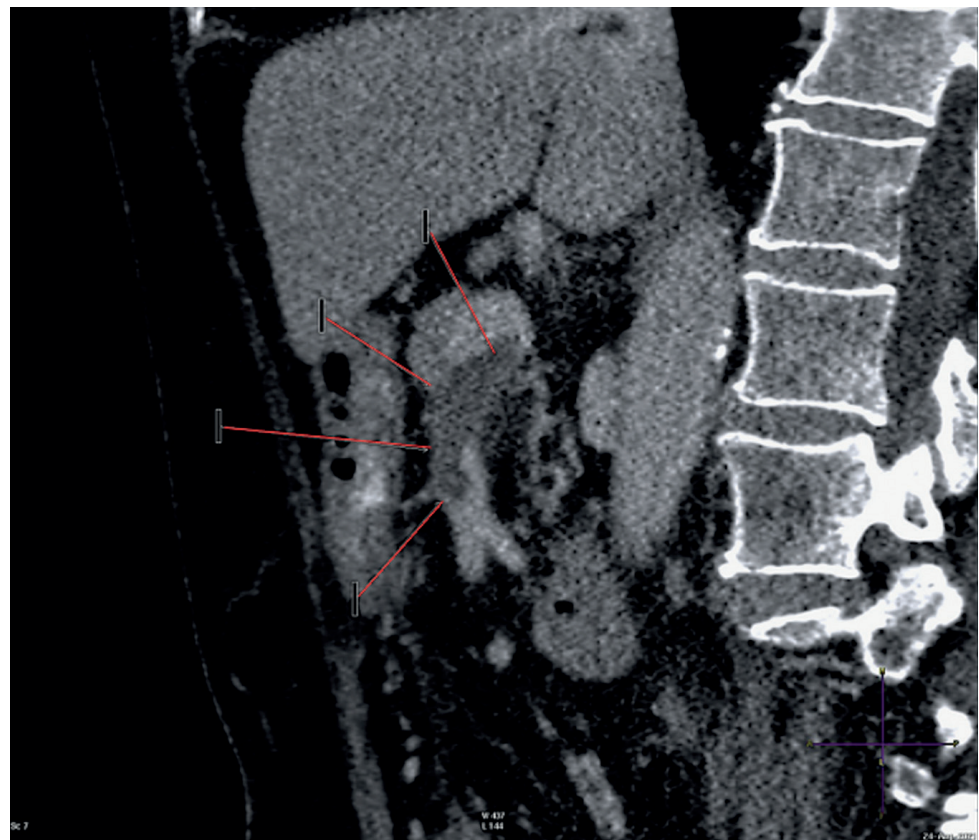


Figure 1. Computed tomography angiogram of the aorta showing a hypodense thrombus within the lumen of the superior mesenteric vein at the portal confluence level.

How to cite this article:

Hughes R, Vijayabandara S, Rahmani MJH. Mesenteric vein thrombosis: a rare but important cause of abdominal pain. *Br J Hosp Med.* 2022. <https://doi.org/10.12968/hmed.2021.0499>

References

- Acosta S, Alhadad A, Svensson P, Ekberg O. Epidemiology, risk and prognostic factors in mesenteric venous thrombosis. *Br J Surg*. 2008;95(10):1245–1251. <https://doi.org/10.1002/bjs.6319>
- Andraska E, Haga L, Reitz K et al. Acute superior mesenteric venous thrombosis results in high rates of readmission and morbidity. *J Vasc Surg. Venous Lymphatic Disord*. 2020;8(5):748–755. <https://doi.org/10.1016/j.jvsv.2020.01.007>
- Hmoud B, Singal AK, Kamath PS. Mesenteric venous thrombosis. *J Clin Exp Hepatol*. 2014;4(3):257–263. <https://doi.org/10.1016/j.jceh.2014.03.052>
- McKinsey JF, Gewertz BL. Acute mesenteric ischemia. *Surg Clin North Am*. 1997;77(2):307–318. [https://doi.org/10.1016/s0039-6109\(05\)70550-8](https://doi.org/10.1016/s0039-6109(05)70550-8)