Case Report

Extensive Thrombosis of the Portal Venous System Postsplenectomy for a Patient with Thalassemia Intermedia

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CASE PRESENTATION

A 35-year-old male was diagnosed as a case of thalassemia intermedia since childhood on occasional packed red transfusion and iron chelation therapy admitted to the Haematology Department of Baghdad Teaching Hospital with insidious onset of progressive severe abdominal pain.

Past history was significant for hepatitis C (probably transfusion-transmitted) and splenectomy 2 weeks ago for massive splenomegaly causing mechanical discomfort. His current medication include folic acid 5 mg/day.

On examination, the patient was pale, Jaundiced, not tachypneic, No LAP, no raised JVP. Vital signs include BP 120/80, temp 37.5 ◦C, and PR 100/min. cardiorespiratory examination was unremarkable. Abdominal examination revealed midline scar, no ascites, no tenderness, no mass, and hepatomegaly 2 cm below costal margin.

Immediately after admission, the patient put on nil by mouth, IV fluids, triple antibiotics (cefotaxime , gentamicin and metronidazole) , acid suppressants and

narcotic analgesia and the surgical team responsible for the splenectomy was called for help.

Results of laboratory investigations are shown in tables 1 and 2.

Abdominal imaging (Urgent plain abdomen, U/S and Doppler study, CT abdomen)

Hepatomegaly, spleen not seen; enlarged portal vein contain thrombus extending to the superior mesenteric vein and splenic vein, mild ascites. Pancreas and other intra-abdominal structures are normal.

Other Investigations:

- S. Ferritin > 1000 ng/mL
- Echo study –Normal
- Baseline PT/PTT/INR –Normal
- CXR PA view –Normal
- Upper GI Endoscopy-No oesophageal varices

Evaluation by gastroenterologist/hepatologist :

- OGD-Normal , no oesophageal varices
- Non-cirrhotic portal vein thrombosis
- Send for HCV viral load
- OGD to be done 2 months later

Treatment

A provisional diagnosis of portal/mesenteric/splenic vein thrombosis had been established and the patient started on immediate anticoagulation by low molecular weight heparin (LMWH) 150 U/Kg/day, aspirin and warfarin with monitoring by INR.

Follow up

CT abdomen with contrast done 2 months after first admission showed the same findings on the previous film and the patient escaped follow up.