

Thrombosis of the portal venous system in a subject with undiagnosed diabetes mellitus. A case report

Authors: M.Kermaj¹, A. Zeqja¹, E.Muco², D.Keri¹, V.Hoxha¹, G.Husi¹, E. Gjicali³, A. Ylli¹.

1- Endocrinology Department UHC “Mother Teresa” Tirane- Albania.

2- Infectious diseases Department UHC “Mother Teresa” Tirane- Albania.

3- Cardiology Department UHC “Mother Teresa” Tirane- Albania.

Introduction: Thrombosis of the portal venous system is rare with prevalence near 1% in the general population reported previously, difficult to diagnose and can be fatal.

Case presentation: A 54 year- old white female was admitted to our hospital with 10 days history of vague abdominal pain, nausea, vomiting and fever. Last months she had symptoms suggestive of diabetes mellitus. The degree of her subjective pain was disproportionate to her objective tenderness. Laboratory work-up revealed hyperglycemia, HbA1c 12,4 %, a high total leukocyte count, lipase and amylase were normal, AST, ALT initially were normal. In the urine-analysis resulted urinary infection and positive ketone.

An abdominal computed tomography (CT) with contrast had permitted the diagnosis of portal vein, splenic vein and superior mesenteric vein thrombosis associated with extensive hepatic, lineal, infarction and a thromb in descendent aort. Immediately, an anticoagulant therapy was conducted with intravenous heparin, but after 45 days treatment she died. Results: In our case, the thrombus was secondary to a combination of comorbidities, including dehydration, urinary infection, ketosis and diabetes mellitus and the diagnosis was not made in time. Only a CT abdominal permitted the diagnosis of portal venous system thrombosis. Despite the anticoagulant therapy the result was fatal.

Conclusion: Thrombosis of the portal venous system is rare with the prevalence about 1% in the general population reported previously, difficult to diagnose and can be fatal. The clinical supposition of this diagnosis is based on the discrepancy between the abdominal pain and the physical examination. Abdominal CT is the test of choice for the diagnosis. A rapid diagnosis and an anticoagulant therapy administrated early are the most important factors for prognosis and survival rate.

