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**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2528521>Available online at: <http://www.iajps.com>**A Case Report****RESEARCH STUDY ABOUT PORTOMESENERIC VENOUS
GAS NEXT TO ACUTE INTRAMURAL INTESTINAL
HAEMATOMA****Dr. Adeela Ilyas, Dr. Ayesha Bajwa, Dr. Filza Karim**
Sir Ganga Raam Hospital, Lahore**Abstract:**

This research study is about portomesenteric venous gas next to acute intramural intestinal haematoma. Portomesenteric venous gas is a condition which is not usually found. There are many causes of portomesenteric venous gas but mesenteric ischaemia is common cause. This condition can endanger, life. It is not clearly predicted and involve surgical operations. Some patients were not found with any surgical anatomy. But still during laparotomy, the common discoveries were perforation and necrosis.

Keywords: *Mesenteric ischemia, Portomesenteric venous gas.*

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INTRODUCTION:

This research study is about portomesenteric venous gas next to acute intramural intestinal haematoma. Portomesenteric venous gas is a condition which is not usually observed. There are many causes of portomesenteric venous gas but mesenteric ischaemia is common cause [1,2].

CASE PRESENTATION:

This research study is about a female whose age was 14 years. She was suffering with various diseases such as constipation, nausea, vomiting and abdominal discomfort. For three days, she was admitted to emergency ward. 1000 cc intestinal liquid was recovered when nasogastric tube was set in 1992, she experienced mitral valve substitution surgery. Since then Anticoagulation therapy (Coumadin, Zentiva,

Turkey) was being performed. Atrial fibrillation was shown by ECG report. Tachycardia was also observed in patient. The resonance of the bowel was not observed in the patient.

In the laboratory, following values were not normal in patient. The value of creatinine was 1, 69 mg/dl (normal: 0, 40 – 1, 40 mg/dl), value of blood urine nitrogen was 36, 9 mg/dl (normal : 5 – 24 mg/dl), the value of sodium was 132 mEq/l (normal : 135 – 145 mEq/l), the count of white blood cell (WBC) was 44, 320 ul (normal : 3900 – 11700ul) and that of hemoglobin was 11, 8 d/dl (normal : 12 – 15 g/dl). The value of INR was unable to record. Abdominal computed tomography (CT) was performed. It illustrated portomesenteric venous gas, (Figure-1).



Figure-1: Computed tomography of abdomen showed gas in the main portal vein (black arrows) and mesentery (white arrow).

Due to high level of creatinine, CT was taken without comparison. X-ray of chest and plain abdomen was taken, which was stable. Intramural haematoma of proximal jejunum was also observed in Abdominal CT (Figure-2).



Figure-2: Computed tomography of abdomen showed intramural haematoma (white arrows) of the proximal jejunum.

Acute abdomen, possibly the intestinal ischaemia was discovered in patient. Portomesenteric venous gas, tachycardia, fever, hypotension, high count of WBC and physical analysis was also mentioned in the discovery.

Patients was performed with surgery after restoring with firm frozen plasma. For the purpose of investigation, laparotomy was performed. It revealed an intramural haematoma of the proximal jejunum beginning from Treitz

Ligament + (Figure-3).



Figure-3: The photograph showed intramural haematoma of jejunum.

No rupture in the intestinal wall was found. No obvious origin of bleeding was noticed. Even through, 2 liters of blood without fibrin was lost. No voluntary peristalsis movement was observed in the jejunum wall but still it was workable. Intestinal ischaemia was not indicated correctly and surgery ended.

DISCUSSION:

Portomesenteric venous gas is a critical to identify it difficult to identify it properly. People with this disorder always have depressed condition [1]. There are many conditions that lead to portomesenteric venous gas. These conditions include pylephlebitis, diverticulitis, pneumatosis intestinalis and intestine dilatation. But of all, the most usual condition that cause portomesenteric venous gas is mesenteric ischaemia. There are also other causes of this disorder which are not known [2].

This disorder can endanger life if caused by mesenteric ischaemia. It is not predictable and involve surgical operation. 75% to 90% of the death occur due to this disorder [3,4]. Same patients were not found with any surgical anatomy but still during laparotomy, the common discoveries were perforation and necrosis. The patients should be analyzed for perforation and intestinal necrosis at laparotomy. Without any involvement, surgery should be stopped if no perforation, necrosis and intestinal ischaemia was found and if intramural haematoma was the cause of portomesenteric venous gas.

CONCLUSION:

In this study, next to acute intramural intestinal haematoma, portomesenteric venous gas was detected. The case in this research study was handled through diagnostic laparoscopy.

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