
Acute Cholecystitis Accompanied By Portal Vein Thrombosis - A Case Report

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There have been only several reports about portal vein thrombosis accompanied by acute cholecystitis. We report a case of a 68-year-old female with left portal vein thrombosis secondary to acute cholecystitis and the related imaging findings. A 68-year-old female presented to the emergency room with 7-day history of right upper quadrant pain. Patient was diagnosed with cholelithiasis about 5 years ago but never had symptoms related to gallstones. Initial computed tomography (CT) scan revealed 1.4 cm sized gallstone and diffuse thickening of gallbladder wall. In arterial phase of CT scan, increased attenuation of entire left hemiliver (segment II, III, IV) and pericystic area was noticed. Left portal vein was completely thrombosed from the beginning of bifurcation to the early part of umbilical portion. But overall volume of left hemiliver was well preserved, which suggested acute nature of portal vein thrombosis. But no derangement of liver battery test was noticed. A contained rupture of gallbladder wall was suspicious along the gallbladder bed. Open cholecystectomy was performed on an urgent basis due to the severity of inflammation, possibility of gallbladder rupture and propagation of portal vein thrombosis to contralateral portal vein. Operative findings revealed that gall bladder was filled with pustulous material and focal perforation was noticed on gallbladder wall of gallbladder bed side. Doppler study was performed on postoperative day 1, 3, 7 for follow-up of portal vein thrombus, which did not show any interval change of thrombus. Patient was discharged home without complication on postoperative day 5. No anticoagulation was used during hospital-stay or thereafter. Pathologic exam revealed acute cholecystitis without evidence of tumor. It is difficult to draw therapeutic recommendation due to small volume of cases reported so far. But therapeutic approach may be individualized based upon location and extent of portal vein thrombus and severity of inflammation.