

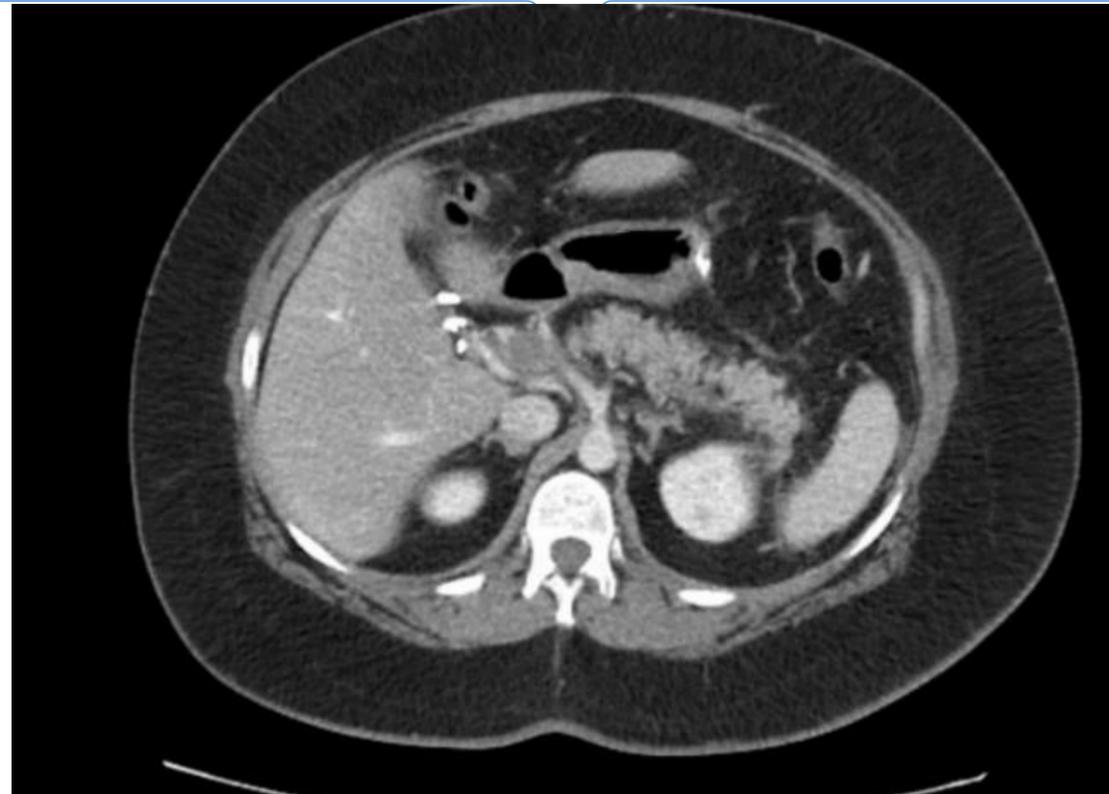
An Unforeseen Complication: A case of Porto-mesenteric vein thrombosis Post Bariatric Surgery

Introduction

Laparoscopic sleeve gastrectomy is a common, low-cost bariatric procedure resulting in significant weight loss. The incidence of post-surgical deep venous thrombosis varies from 1.6 to 1.8%, however, Porto-mesenteric thrombosis is a rare but potentially fatal complication of the surgery.

Case Description

- 32-year-old female
- Past Medical History: hypertension, type 2 diabetes, hyperlipidemia, morbid obesity status post laparoscopic sleeve gastrectomy 10 days prior
- Presenting Complaint: epigastric pain, fevers, and chills
- She denied nausea or vomiting
- Last bowel movement was 2 days ago but was able to pass flatus.
- Vitals: HR 120 beats per minute (bpm), blood pressure was 130/80 mmHg, Temp 37.8 C, RR 18/min.
- Physical examination: Epigastric tenderness.
- Labs:
 - WBC: 11.7 10⁹/L
 - AST: 72 IU/L
 - ALT 173 IU/L
- Imaging
 - CT Scan abdomen and pelvis: acute porto splenic and superior mesenteric venous thrombosis
- Interventional radiology was consulted who recommended to start a heparin drip
- Patient was able to ambulate well and tolerate a regular bariatric diet
- Discharged on apixaban



CT AP on 1st presentation ↑



↓ CT AP on 2nd presentation

2nd Presentation

- Two weeks later she presented with worsening epigastric pain, nausea, vomiting and 1 episode of a bowel movement containing bright red blood.
- Vitals: heart rate of 106 bpm, remaining vitals were within normal limits.
- Labs:
 - white blood cell count 8.5 10⁹/L
 - lactic acid 1.3 mmol/L
 - ALT 579 IU/L
 - AST of 386 IU/L.
- Imaging:
 - A CT angiogram of the abdomen: Complete occlusion of the main portal vein, the visualized portions of the left and right portal veins, the superior mesenteric vein and tributaries, and the splenic vein.
- The patient underwent a Trans jugular intrahepatic portosystemic shunt (TIPS) procedure with portal vein, superior mesenteric vein thrombectomy.
- Her course was further complicated by hemoperitoneum and hemorrhagic shock requiring vasopressor therapy, and resuscitation with packed red blood cell, fresh frozen plasma, and cryoprecipitates.
- She was eventually advanced to bariatric liquid diet was discharged on enoxaparin.

Discussion

The thrombosis of the portal and/or mesenteric veins without the development of collaterals can lead to intestinal ischemia or necrosis and the clinical presentation may be nonspecific. Clinicians should keep this potentially life-threatening complication in mind in patients who have recently undergone this procedure.