

Collateral after Splenic Vein Thrombosis: Case Report

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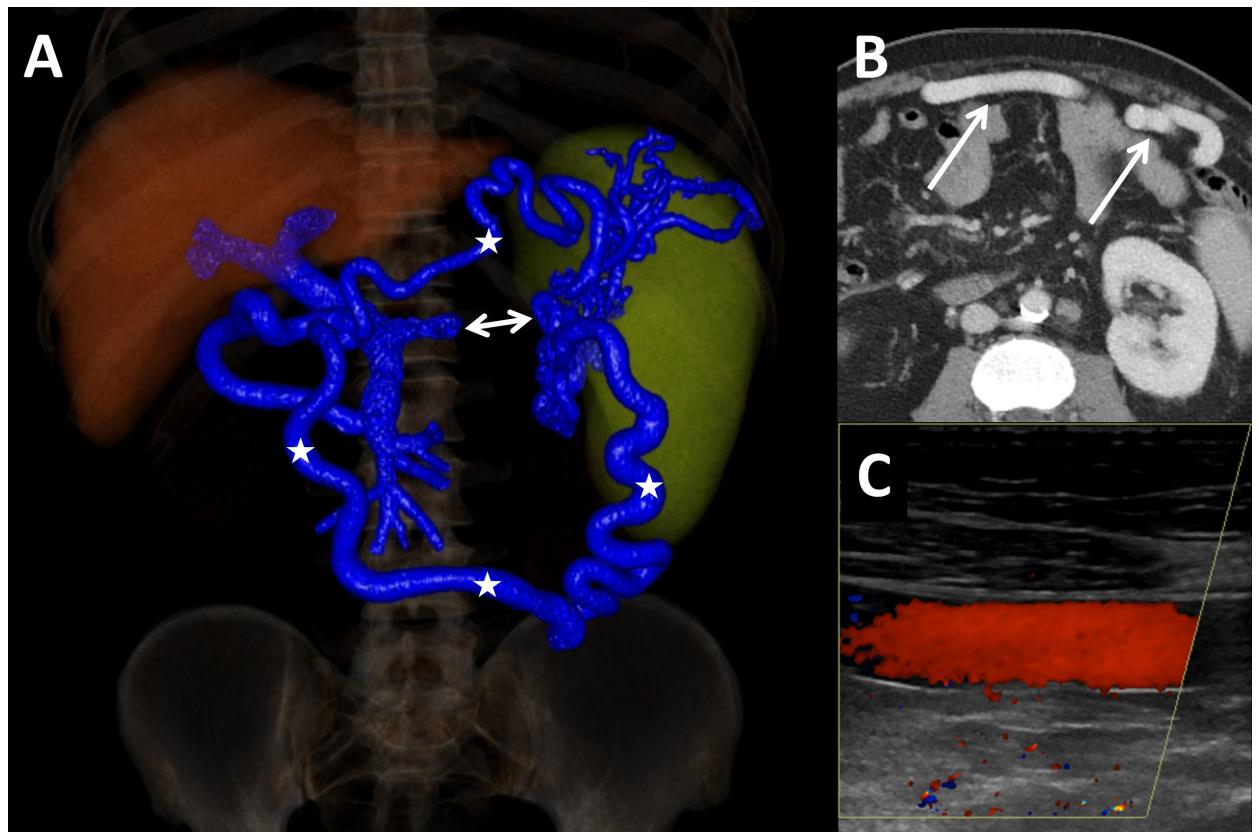
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Report

A 46-year-old man presented to the emergency department because of relapsing abdominal pain in the left abdominal quadrants. At admission, he was in good general condition and his vital signs were normal. The only abnormal laboratory findings were a C-reactive protein of 30 mg/L and thrombocytes of 127 G/L. An abdominal computed tomography (CT) scan showed a thrombosis of the distal splenic vein (panel A, double arrow) with the presence of a superior and an inferior spleno-mesenteric collateral (panel A, asterisks). The axial CT scan (panel B, arrows) and Doppler sonography (panel C) showed that the thick



collaterals developed below the abdominal wall. A gastroscopy showed stage I fundic varices, but no esophageal varices. (1-10) This patient was diagnosed with a smoldering multiple myeloma 5 years earlier with regular follow-up in the hemato-oncology department. No other pro-thrombotic conditions were found and in a follow-up CT scan 6 months later the findings were un-changed despite anticoagulation.



Splenic vein thrombosis is frequently diagnosed in the chronic stage, when collaterals have already developed (11-18).

In this case, the presence of two major spontaneous shunts between the splenic vein and the superior mesenteric vein is preventing complications (19-23) such as porto-systemic encephalopathy and variceal bleeding.

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Conflict of interest:

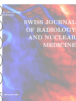
The authors declare that there were no conflicts of interest within the meaning of the recommendations of the International Committee of Medical Journal Editors when the article was written.

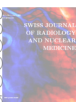
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