

## Superior mesenteric vein thrombosis

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A 44-year-old woman presented with abdominal pain, clinical findings of peritonism, and raised inflammatory markers. The patient was referred for CT scanning. The diagnosis of superior mesenteric vein (SMV) thrombosis was made with the aid of multidetector CT, after intravenous contrast, with reconstruction in the sagittal and coronal planes (Figs 1 and 2).



Fig. 1. The porto-venous phase of a contrast-enhanced reconstructed sagittal CT study. The SMV thrombosis is labelled with an arrow and is seen as an area of decreased enhancement in the SMV.



Fig. 2. The porto-venous phase of a contrast-enhanced reconstructed coronal CT study. The SMV thrombosis is extending up to the confluence with the splenic vein. The top arrow indicates the thrombosis. Note the mesenteric congestion (middle arrow) and the dilated bowel (bottom arrow).

Clinical presentation of SMV thrombosis may be quite variable. Although it may mimic acute mesenteric arterial ischaemia, presentation is often less menacing with nonspecific and non-localising symptoms and signs dominating the picture.<sup>1</sup> The most common symptoms are abdominal pain (nonspecific), anorexia and diarrhoea.<sup>2</sup> Studies have reported that most patients are symptomatic for a period of more than 48 hours at the time of diagnosis.<sup>1,2</sup>

Predisposing factors include recent abdominal surgery, infection/inflammation (appendicitis, pancreatitis), and hypercoagulation.<sup>1</sup> CT has been found to be effective in the diagnosis of SMV thrombosis,<sup>2-4</sup> with CT findings of mesenteric congestion and bowel wall thickening associated with ischaemia.<sup>1</sup>

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