Pylephlebitis: A Severe Complication of Intra-abdominal Infection

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A 54-year-old diabetic man who was taking levofloxacin presented to our emergency department with a five-day history of fever and gastralgia. On admission, he was hypotensive and hypothermic. Laboratory testing revealed leukocytosis, thrombocytopenia, hypercreatininemia and hyperbilirubinemia, with a negative blood culture. Computed tomography (CT) showed thrombi in the portal vein, consistent with a diagnosis of pylephlebitis (Picture 1); broad-spectrum antibiotics and an anticoagulant were therefore administered. However, the patient died of multiple organ failure on day 7. An autopsy revealed suppurative thrombi and diverticulitis in the portal vein and ascending colon, respectively (Picture 2).

Pylephlebitis, a severe complication of intra-abdominal infections, such as diverticulitis, has high rates of morbidity and mortality, with Bacteroides fragilis and Escherichia coli as common pathogens (1). The disease is usually characterized by gastralgia and fever; hypothermia and hyperbilirubinemia are rare. CT is useful for diagnosing the condition, and treatment includes empiric therapy with broad-spectrum antibiotics until culture results become available. The efficacy of anticoagulants remains controversial (1, 2).

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References
