Portal Venous Gas Due to Decompression Sickness

Akihiko Kondo, Hiroki Nagawasa, Ikuto Takeuchi and Youichi Yanagawa

Key words: gas, portal vein, decompression sickness

(Intern Med 57: 2091, 2018)
(DOI: 10.2169/internalmedicine.0418-17)

The patients was a 65-year-old man who felt epigastralgia after surfacing from a depth of 24 m on his third dive of the day. His past history included hypertension and dyslipidemia. After the occurrence of epigastralgia, he took a bath and felt vertigo. Upon arrival, he still complained vertigo. Whole body computed tomography (CT) revealed hepatic portal venous gas (Picture). Intestinal ischemia was denied. Sonography showed a snow storm pattern in the inferior vena cava (Spencer’s classification, grade I) (1). Under the diagnosis of vestibular-type decompression sickness, he was transported to another hospital by ambulance for hyperbaric oxygen therapy. After hyperbaric oxygen treatment, his vertigo and portal venous gas subsided.

In patients with decompression sickness, intravascular gas bubbles in the portal vein system collect in the liver (2). As CT shows a high degree of sensitivity in the detection of gas, patients who present with abdominal problems after diving should therefore be evaluated by CT (3).

The authors state that they have no Conflict of Interest (COI).

References


The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).