Spontaneous Mesenteric-gonadal Shunt in a Patient without Cirrhosis

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A 76-year-old woman presented with severe chronic constipation. She had no history of abdominal surgery or trauma. A physical examination and initial laboratory tests showed no abnormalities. Computed tomography revealed a tortuous shunt between the ileocolic vein (Picture 1, 2, arrowheads) and the right gonadal vein (Picture 1, 2, arrows) with no signs of cirrhosis, portal hypertension, or portal vein thrombosis. Thus, a diagnosis of spontaneous mesenteric-gonadal shunt was made. Although her plasma ammonia level was mildly elevated, she had no signs of hepatic encephalopathy. Her constipation was controlled, and she has been followed for 17 months without elevation of the plasma ammonia level. In patients without cirrhosis or portal hypertension, hepatic encephalopathy due to portosystemic shunt is usually found to increase with age (1, 2). When considering the differential diagnosis of hyperammonemia in the elderly, clinicians should consider the possibility of portosystemic shunt even in patients without any underlying liver disease.

We obtained informed consent from the patient.

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

References


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