A 56-year-old otherwise healthy male was admitted to our hospital following 7 days of fever and progressive jaundice. Physical examination revealed marked skin jaundice with icteric conjunctiva. His total bilirubin level was 15.6 mg/dL. Two sets of blood culture yielded *Clostridium* spp. Contrast-enhanced abdominal computed tomography revealed extensive gas with thrombosis in the inferior mesenteric vein (Picture A, white arrows) and gas in the hepatic portal vein (Picture A, black arrows), as well as sigmoid diverticulitis (Picture B, arrow). After administering piperacillin-tazobactam and low-molecular-weight heparin, the patient’s fever and jaundice gradually resolved, and he was discharged on hospital day 19. Pylephlebitis is a rare, severe condition with high morbidity and mortality, which can sometimes be associated with intraabdominal sepsis. The most common causative infections are diverticulitis and appendicitis (1). A delay in the diagnosis and treatment can lead to other complications such as bowel infarction (2).

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

References


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