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Case Report

Venous Thrombosis in Acute Pancreatitis: To Treat or Not to Treat?

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Abstract

11% of patients with acute pancreatitis have CT evidence of splanchnic vein thrombosis. The most frequent sites of thrombosis are splenic vein (~40%); superior mesenteric, portal and IVC veins are rarer.

To anticoagulate a patient with high risk of bleeding from a pancreatic necrosis is not recommended by many authors in the acute phase. Some reports of spontaneous dissolution of the thrombus and benign decourse have been published; however, this attitude can expose these patients to catastrophic thromboembolic complications.

Keywords: *Venous Thrombosis; Acute Pancreatitis*

Introduction

11% of patients with acute pancreatitis have CT evidence of splanchnic vein thrombosis. The most frequent sites of thrombosis are splenic vein (~40%); superior mesenteric, portal and IVC veins are rarer.

Case Report and Discussion

We present the case of a 55 year old gentleman, admitted with acute-on-chronic pancreatitis, on a background of alcohol excess.

A CTAP performed on admission showed mild acute pancreatitis with splenic vein thrombosis and a possible small defect in the inferior vena cava. During the hospitalization he was treated with therapeutic dose of Dalteparin. Anti-coagulation was stopped before discharge following haematologist advice.

The same patient was re-admitted three weeks later with excruciating abdominal pain. His blood tests showed a lactate of 16.45, acute kidney injury and high amylase > 3000. A reacutization of his chronic pancreatitis was diagnosed and a repeated CT scan was organized (Figure 1).

CT showed necrotizing pancreatitis and an impressive progression of the IVC thrombus (Figure 1). Haematologist advised to start treatment dose with Low Molecular Weight Heparin. Interventional Radiology was consulted with regards to the opportunity to insert an atrial filter - the option was declined as due to a high risk of displacing the thrombus, as it was judged a catheter-directed thrombolysis. Within 48 hours of admission, the patient developed Disseminate Intravascular Coagulation, failed to respond to resuscitation and unfortunately passed away.

Conclusion

There is no formal consensus on the management of patient with acute pancreatitis who develop splanchnic vein thrombosis. Amongst HPB, gastroenterology and haematology specialists, the management is on a case-by-case basis and is largely anecdotal [1-6].

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