CASE REPORT

ISOLATED IVC THROMBUS: A RARE COMPLICATION OF PANCREATITIS

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ABSTRACT: Venous thrombosis and hypercoagulable state has been described in patients with acute and chronic pancreatitis. Though this is commonly observed in splanchnic vessels, thrombosis of IVC is not frequently encountered.¹

KEYWORDS: Pancreatitis, pseudocyst, IV thrombosis.

CASE REPORT: A 32years old male with alcoholic pancreatitis with previous episode of acute pancreatitis three months ago, presented to us with acute abdomen. Examination of the abdomen revealed a 8x15cms mass in left upper quadrant extending into right upper quadrant, non-mobile, not moving with respiration, mildly tender and dull on percussion. Investigations revealed mildly elevated serum and urinary amylase.

CT abdomen revealed pseudocyst pancreas measuring 8x16cms pushing stomach anterolaterally, extending anteriorly up to anterior abdominal wall with features consistent of chronic pancreatitis. An unusual finding was large intraluminal thrombus within IVC extending up to confluence of iliac veins. The patient did not have lower limb edema or abdominal collaterals despite involvement of intra-abdominal IVC.

DISCUSSION: Vascular complications in pancreatitis are well documented. Acute pancreatitis has also found to generate thrombosis of the inferior vena cava.^{2,3} The pathogenesis of IVC thrombosis in pancreatitis is not well understood, but the contributing factors could be-inflammation, edema and cellular infiltration adjacent to IVC, hypercoagulable state, mass effect and compression due to pseudocyst and bulky pancreas, intimal injury caused by pancreas.⁴

Although inferior vena cava thrombosis in the setting of pancreatitis is rare, this clinical entity may account for an unexplained deterioration in the status of a patient with pancreatitis. And this can be effectively treated with anticoagulation and hence mortality related to complication such as pulmonary embolism can be prevented.⁵

Fig. 1: Side view of abdomen of patient showing distension due to pseudocyst pancreas

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Fig 2: Contrast CT of abdomen showing pseudocyst pancreas pushing stomach anterolaterally and extending up to anterior abdominal wall

Fig. 3: Contrast CT of abdomen showing thrombus in IVC

REFERENCES:

1. Nordback I, Sisto T. Peripancreatic vascular occlusions as a complication of pancreatitis. *Int Surg* 1989; 74: 36-9.
2. Nicholas de Prado I, Corral de la MA, Nicholas de Prado JM, Gallardo Sanchez, F, Medranda MA. Vascular complications of pancreatitis. *Rev Clin Esp* 2005; 205: 326-32.
3. Besselink MG. Splanchnic vein thrombosis complicating severe acute pancreatitis. *HPB (Oxford)* 2011; 13: 860-4.
4. Stringer MD, Michell M, McIrvine AJ. Inferior vena caval thrombosis complicating acute pancreatitis. Case report. *Acta Chir Scand* 1988; 154: 161-3.
5. Alvi AR, Bibi S, UR Rehman. Acute mesenteric, portal and inferior vena cava thrombosis; optimal outcome achieved with anticoagulation. *J Pak Med Assoc* 2010; 60: 397-9.

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