Author(s): Roger C. Gill, Fatima Mannan

Mesenteric Vein Thrombosis: our experience from a tertiary care facility in Pakistan

Background: Mesenteric Vein thrombosis is a rare disease which carries a high mortality rate. Studies describing its etiology, prognosis and management are minimal. Diagnosis of this condition has risen over the past few years and the factors which have led to this change need to be studied.

Aim: To determine the frequency of mesenteric venous thrombosis and describe its various clinical presentations, management and outcomes

Methods: This was a Retrospective Cohort Study in which charts were reviewed for adult patients presenting with mesenteric ischemia secondary to mesenteric venous thrombosis. Arterial causes of ischemia and those with incomplete records were excluded. Comparisons were made between recent and previous study and analysis was done using SPSS version 20. P value 0.05 was taken as significant.

Results:

The mean age was 50 years, with 17 male and 6 female patients(N=23). Most diagnosis was established on CT imaging with 5 diagnosed at laparotomy. Eight presented within seventy two hours while 15 in > 72 hours. In the group presenting within seventy two hours 5 were operated while three were managed conservatively. Two patients underwent laparotomy and 12 received non-operative treatment in group presenting >72hours. Four died in the group presenting <72 hours compared to one > 72 hours. Majority received preoperative therapeutic anticoagulation. Two patients, who underwent exploratory laparotomy, did not receive preoperative anticoagulation and both died postoperatively. Ten patients had one or more identifiable hypercoagulable state. There were no statistical differences between thrombophilic and non-thrombophilic patients regarding duration of symptoms, indications for laparotomy and 30 day mortality rate.

In comparison with the previous study both time periods were comparable in terms of mean age, sex, presenting complaints and no of patient in each group (<72 hours and >72 hours). No statistical differences were observed in terms of duration of symptoms, indications for laparotomy and 30 days mortality rate.

Conclusion:

Mesenteric venous thrombosis is on a rise which could be due to improved diagnostic modalities and proper documentation. Acute presentation of <72 hours were found to have poor outcomes. Conservative management with anticoagulation is a viable option in patients without ischemic changes.