

HEPATIC PORTAL VENOUS GAS AS A COMPLICATION OF COLONOSCOPY

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Brief clinical details

A 52 years old patient without previous pathology who underwent colonoscopy, after the procedure presented fever, blood pressure 90/40, no abdominal pain, white blood cell count 27,000/ μ L. The tomography showed hepatic portal venous gas without evidence of perforation. The patient was moved to intensive care unit, an emergency operation was considered. However, a conservative treatment with antibiotics was decided because there was no evidence of perforation and his vital signs returned to normal range

Description of the relevant abnormalities

We observe the pattern for Hepatic Portal Venous Gas (HPVG) in CT scan, described as a tubular lucency branched from the porta hepatis to the liver capsule. The gas travels peripherally in the portal vein consequent to centrifugal flow of blood, and the branching pattern with a peripheral distribution. HPVG must be differentiated from gas in the biliary tracts such as pneumobilia, which tends to move with the centripetal flow of bile toward the hilum

Conclusions:

Hepatic Portal Venous Gas (HPVG) requires immediate and reliable decision for management varied from surgical intervention to non-operative procedure.

The finding of HPVG alone cannot be a predictor of mortality or an indication of emergency exploration.

