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What is the Cause of the Portal Pneumatosis?

Finding of a relevant amount of gas in portal venous system has traditionally been associated with serious clinical conditions with poor outcome, as it happens in abdominal abscess or intestinal infarction [1]. In some cases, venous hepatic gas is an incidental finding with scarce clinical relevance: It has been described as a consequence of diagnostic or therapeutic invasive procedures [2] such as surgery, hepatic artery embolization, operative endoscopic procedures [3]. In our case, an abdominal abscess was present but clinical serious signs of sepsis were absent. Based on clinical findings, antibiotic treatment with meropenem (500 mg tid i.v.) was administered without further diagnostic or therapeutic interventions, assuming that the portal pneumatosis was due to the endoscopic examination. One day later a new CT scan detected a marked reduction of hepatic portal venous gas (Figure 3); the patient resumed oral feeding and three days later was discharged. Our experience confirm that hepatic portal venous gas can be related to endoscopic procedure; thus, it can be managed on the basis of patient’s general clinical conditions, and in selected cases it will disappear without therapeutic interventions with a good outcome.

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Figure 1: A CT scan showed little peri-anastomotic collections with air-fluid levels.
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References

