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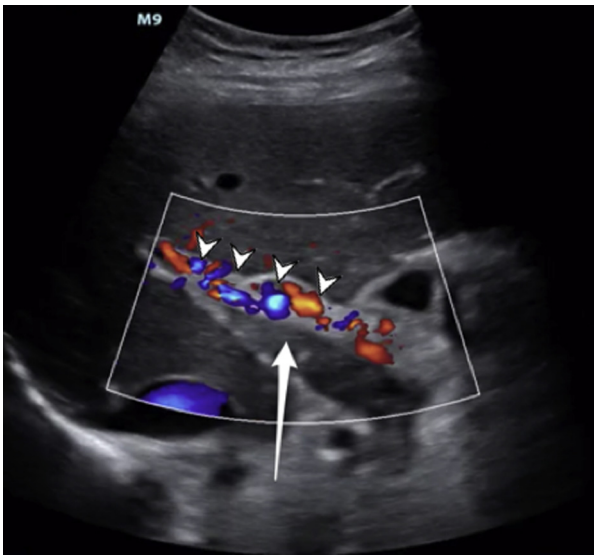

Figure 1. Color Doppler ultrasonography demonstrating lack of flow through the portal vein because of thrombosis (arrow). Flow was noted in the tortuous hepatic artery (arrowheads) medial to the portal vein.

Figure 2. Coronal CT of the abdomen and pelvis, demonstrating a clot (black outline) that began in the portal vein (arrow) and extended beyond the confluence of the splenic vein and superior mesenteric vein.

[Ann Emerg Med. 2019;74:718.]

A 36-year-old woman with oral contraceptive use presented with 1.5 weeks of epigastric pain and vomiting that improved with hot showers. She had previously attended another hospital and undergone abdominal computed tomography (CT), whose result was interpreted as normal. She had unremarkable vital signs and epigastric tenderness without rebound or guarding. Blood tests demonstrated anion-gap metabolic acidosis with respiratory compensation (pH 7.36; anion gap 19) and a lactate level of 0.9 mmol/L, with mild elevations in alanine transferase (75 U/L) and bilirubin (total 1.3 mg/dL; indirect 1.1 mg/dL). Point-of-care ultrasonography result was negative for cholecystitis or choledocholithiasis but noteworthy for an echogenic structure in the portal vein (Figure 1). CT with intravenous contrast confirmed her diagnosis (Figure 2).

For the diagnosis and teaching points, see page 723.
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the pharmaceutical company. This, however, comes at the harm of patients and adds little to our understanding of treatment for the disease. Additionally, it likely leads to increased research and development costs because subsequent studies comparing the new drug with active, accepted treatments would be required before clinicians could use the new drug.

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DIAGNOSIS:

Portal vein thrombosis. This patient had portal vein thrombosis extending to the splenic confluence and superior mesenteric vein, with resultant mesenteric ischemia. She began receiving heparin, and urgent laparotomy demonstrated 60 cm of ischemic small bowel that was successfully resected, with no complications.

Portal vein thrombosis, typically associated with cirrhosis, malignancy, myeloproliferative disease, and coagulation disorders, is a rare complication of oral contraceptive use.[1] The patient had no *JAK2* mutation or myeloprolierative mutations, making oral contraceptive the likely cause of her thrombosis. In experienced hands, ultrasonography is reported to have a sensitivity of 73% to 100% and specificity of 88% to 99% for the detection of portal vein thrombosis.[2,3]

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