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Falciform ligament thrombosis after umbilical vein recanalization in the setting of acute pancreatitis, a rare entity

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Keywords: Acute pancreatitis. Falciform ligament. Thrombosis.

SUMMARY:

We present the case of a 79-year-old man who presents falciform ligament thrombosis after umbilical vein recanalization as an uncommon complication of acute pancreatitis. The performance of abdomino-pelvic CT with contrast, allowed its diagnosis, as well as the establishment of an adequate treatment with favorable evolution.

Dear Editor,

We present the case of a 79-year-old man with no personal history of interest, who was admitted to our center due to mild acute pancreatitis of biliary origin. Abdominal physical examination revealed a pasted, erythematous, painful area with an increase in local temperature, acquiring a longitudinal path from epigastric to umbilical region. Analytically, it highlights elevation of amylase and lipase in the range of acute pancreatitis, as well as a slight increase in acute phase reactants without other

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alterations.

It was decided to complete a study with abdomino-pelvic CT, revealing an extensive inflammatory infiltrate from the left portal branch to the entire path of the falciform ligament compatible with recanalization and thrombosis of the umbilical vein (Fig. 1A, 1B, 1C and 1D). Autoimmune and infectious causes were ruled out and the thrombophilia study was negative.

After six months of anticoagulation with low molecular weight heparin, the evolution was favorable with almost complete resolution of thrombosis (Fig. 1E and 1F).

DISCUSSION

Thrombosis of the falciform ligament (remnant of the umbilical vein) as a complication of acute pancreatitis is very unusual with isolated cases described (1,2). Umbilical vein recanalization has been described primarily in patients with liver disease and portal hypertension.

On the other hand, the systemic proinflammatory state that occurs in acute pancreatitis can favor thrombotic events, especially in the splenoportal territory. The main hypothesis proposed is contiguous thrombophlebitis from these areas to the falciform ligament producing its recanalization and subsequent thrombosis (3,4). In most of the cases described, as in ours, thrombosis is associated in the left portal branch.

Its diagnosis and recognition by imaging tests (5) can prevent misdiagnoses as well as unnecessary invasive procedures.

The prognosis is generally good, responding favorably to anticoagulant treatment.

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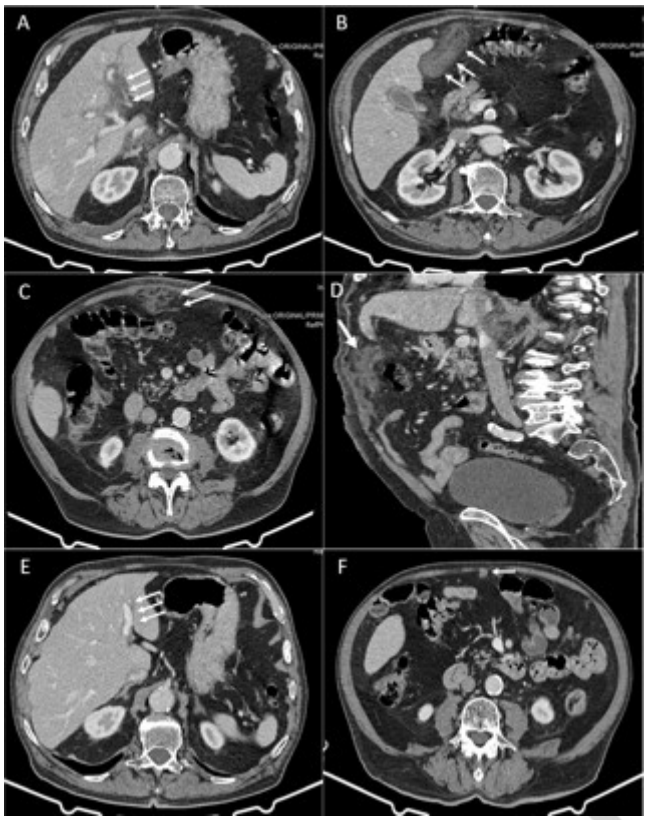

Fig. 1 Images of abdomino-pelvic CT with contrast. *A, B, C and D*. Cross-sections in which extensive inflammatory infiltrate of fat (arrows) is observed around the portal bifurcation and the left portal ramus slightly stenosing the left intrahepatic radicals and extending along the entire route of the falciform ligament to the umbilical region. *E and F*. Cross-sections in which significant improvement of the entire inflammatory process (arrows) after treatment.

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