

# Horrible hepatic portal venous gas

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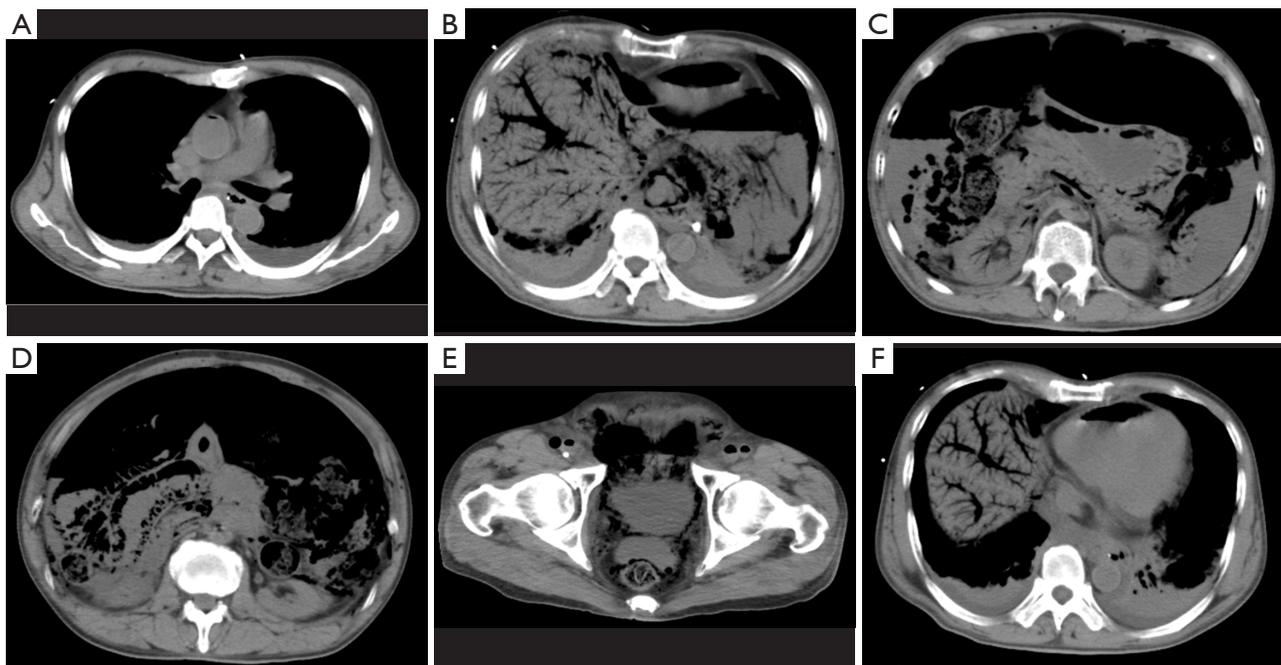
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A 58-year-old man with no past medical or surgical history presented to our institute with persistent abdominal pain lasted for 12 hours. After hospitalization the patient presented with coma, persistent hypotension (unable to detect) and anuria. On physical examination, the pulse was weak and his abdomen was tremendous distension without bowel sounds. Laboratory examination of blood revealed that an arterial blood pH of 6.9, a lactate level of 24 mmol per liter, and a serum procalcitonin level of 35.62 nanogram per milliliter.

Computer tomography (CT) scan revealed massive gas in pericardium, ascending aorta, pleural cavity, hepatic portal vein, spleen, right kidney, mesenteric vessel, intestinal wall, subcutaneous tissue and iliac vessels (*Figure 1*). Immediately, fluid resuscitation, broad-spectrum intravenous antibiotics, and extracorporeal organ support were initiated. However, the abdominal bloating and swelling was increasingly severe and the clinical condition deteriorated rapidly. Finally, he died four hours after presentation.



**Figure 1** CT scan showing massive gas in ascending aorta (A), hepatic portal vein and spleen (B), right kidney (C), mesenteric vessel, intestinal wall and subcutaneous tissue (D), iliac vessels (E), pericardium and pleural cavity (F).

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## Footnote

*Conflicts of Interest:* All authors have completed the ICMJE uniform disclosure form (available at <https://hbsn.amegroups.com/article/view/10.21037/hbsn.2020.01.08/coif>). The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written

informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

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