

[PICTURES IN CLINICAL MEDICINE]

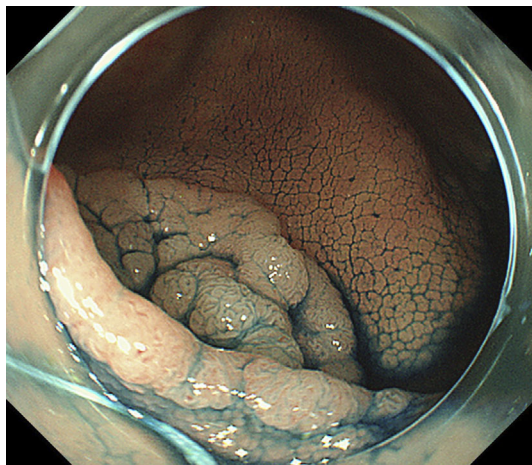
Hepatic Portal Venous Gas Following Colonic Endoscopic Submucosal Dissection

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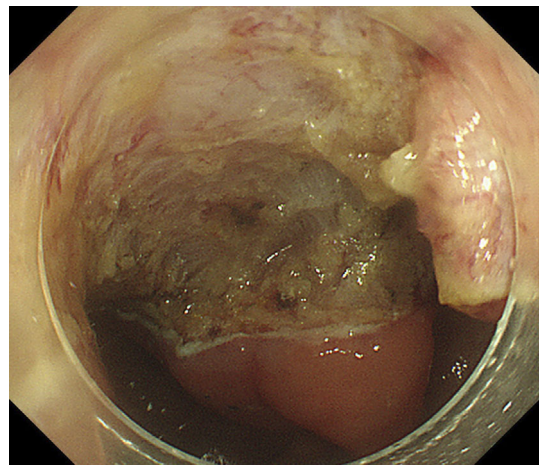
Key words: hepatic portal venous gas, ESD

(Intern Med 58: 755-756, 2019)

(DOI: 10.2169/internalmedicine.1771-18)



Picture 1.



Picture 2.



Picture 3.

An 85-year-old man with a normal hepatic function was referred to undergo endoscopic treatment for a lateral spreading tumor in the cecum (Picture 1). The lesion measured 37 mm in diameter and was removed *en bloc* with endoscopic submucosal dissection (ESD) using carbon dioxide insufflation. The lesion showed no involvement of any mature visible penetrating vessels. The procedure took 72 minutes and was performed without any adverse events, including perforation (Picture 2). The following day, transaminases were dramatically elevated (aspartate aminotransferase 1,541 U/L and alanine aminotransferase 629 U/L), and the inflammatory response was slightly elevated (white blood cells, 5,780/ μ L and C-reactive protein, 3.23 mg/dL). Computed tomography (CT) revealed the presence of hepatic portal venous gas (HPVG) with no evidence of free air (Picture 3). The patient was carefully observed and prescribed antibiotics. The transaminase levels normalized within a few days, and follow-up CT was not performed.

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Received: July 1, 2018; Accepted: August 1, 2018; Advance Publication by J-STAGE: October 17, 2018

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HPVG can occur with various endoscopic procedures (1). In the present case, a high luminal pressure during ESD played a role. To our knowledge, this is the first case of HPVG following colonic ESD. Iatrogenic HPVG may be successfully treated with conservative treatment (2).

The authors state that they have no Conflict of Interest (COI).

Acknowledgement

The authors would like to thank Dr. Koji Higashino and Dr. Noriya Uedo (Department of Gastrointestinal Oncology, Osaka International Cancer Institute) for their clinical advice.

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Intern Med 58: 755-756, 2019