Unusual presentation of hyperhomocysteinaemia

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Introduction
Acute portomesenteric vein thrombosis is an uncommon but serious condition with potential sequelae, such as small bowel gangrene and end-stage hepatic failure. Here we describe a rare association of hyperhomocysteinaemia with isolated portomesentric thrombosis.

Case
A 39-year-old gentleman presented with a complaint of severe diffuse abdominal pain along with episodes of non-projectile non-bloody vomiting. The patient also had history of recurrent episodes of diffuse abdominal pain since a few days ago which were not as severe in intensity and were relieved by oral analgesics. This episode was not associated with any change in frequency of stools, fever or any history of travel or eating out. The patient was a vegetarian, non-smoker and was a social drinker with no alcohol intake in recent times. On examination, the patient was dehydrated, hypotensive and had a pulse rate of 110 beats/min. There was guarding of the abdomen with diffuse tenderness and bowel sounds were sluggish. An X-ray was immediately done which was not suggestive of any obstruction. His laboratory tests however revealed low haemoglobin, with a macrocytic picture on peripheral smear. Meanwhile computed tomography of the whole abdomen with angiography revealed superior mesenteric vein thrombosis, portal vein thrombosis along with jejunal wall ischaemia and moderate free fluid. In view of that the vascular surgery team was consulted and anticoagulant (unfractionated heparin) was started under close monitoring.

Results and discussion
His coagulation profile revealed a high homocysteine level (45.8 μmol/L), while the rest of the parameters (activated partial thromboplastin time, international normalising ratio, lupus anticoagulant factor V, protein S and C, JAK 2 mutation) were within normal limits. Partial thromboplastin time was slightly above the normal range. There was guarding of the abdomen with diffuse tenderness and bowel sounds were sluggish. An X-ray was immediately done which was not suggestive of any obstruction. His laboratory tests however revealed low haemoglobin, with a macrocytic picture on peripheral smear. Meanwhile computed tomography of the whole abdomen with angiography revealed superior mesenteric vein thrombosis, portal vein thrombosis along with jejunal wall ischaemia and moderate free fluid. In view of that the vascular surgery team was consulted and anticoagulant (unfractionated heparin) was started under close monitoring.

Conflict of interest statement
None declared.

References