# Portal venous air in an old male

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A 77-year-old man admitted to our hospital of esophageal carcinoma. The patient had a past medical history of hypertension, atherosclerosis, cerebral infarction and prostate carcinoma with bone metastasis. Besides, he had the habit of drinking and smoking. The patient presented with vomiting, abdominal pain and fever during the 28<sup>th</sup> day of hospitalization. Physical examination revealed diffuse abdominal tenderness and severe sepsis. Laboratory findings

revealed elevated neutrophile granulocyte, C reaction protein (CRP) and lactic acid level. CT scanning indicated that air was accumulated in the branches of portal vein (*Figure 1*), and ischemic changes in the ventricle and half oval center (*Figure 2*). Based on these finding, the diagnosis of intestinal necrosis was made. Then the patient was treated with meropenem and linezolid, but the abdominal pain and fever still exacerbated. The patient died of multiple organ failure 4 hours later.



Figure 1 The computed tomography (CT) scanning presented the portal venous air in the patient. (A) CT showed air in the portal veno and its branches, extended pneumatosis intestinalis with portomesenteric gas in superior mesenteric vein. (B) Gas-fluid levels (arrows) were detected in the gastrointestinal tract.





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Figure 2 Skull CT examination showed ischemic changes in both sides of the ventricle and half oval center.

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### Footnote

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