

# Longstanding Proctocolitis Secondary to Chronic Inferior Mesenteric Vein (IMV) Occlusion

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## Learning Objectives

- Inferior mesenteric vein thrombosis (IMVT) is an exceedingly rare condition which typically occurs as a complication of diverticulitis, hypercoagulable states, inflammation or malignancy.
- The IMV drains blood from the descending colon, sigmoid colon and rectum.
- Patients with IMVT often present with ischemic colitis affecting these areas.
- In this case, we present a 43-year-old male with recurrent proctocolitis who was ultimately found to have chronic IMVT due to an underlying hypercoagulable disorder.

## Patient Presentation

A 43-year-old male with a past medical history of DM, HTN, renal transplant on immunosuppression, prothrombin gene mutation and DVT on apixaban initially presented with rectal pain and diarrhea. Patient denied sick contacts, recent travel, antibiotic use, history of inflammatory bowel disease (IBD), prior EGD or colonoscopy. CT revealed findings concerning for proctocolitis and CTA was negative for mesenteric occlusion. Initial labs remarkable for elevated ESR and CRP.

### Physical Exam:

Vitals: Afebrile, BP 120/84, HR 84, RR 18, 100% on RA

General: AAOx3, uncomfortable appearing but in no acute distress

Skin: Warm, dry, no jaundice

Cardio: RRR, Normal S1/S2

Respiratory: CTAB

GI: Soft, TPP, no guarding or rebound tenderness, bowel sounds +

MSK: Normal range of motion, all compartments compressible

## Lab Values

144	103	38
4.6	28	2.5

<del>7.0</del>	<del>12.8</del>	<del>186</del>
<del>38.5</del>		

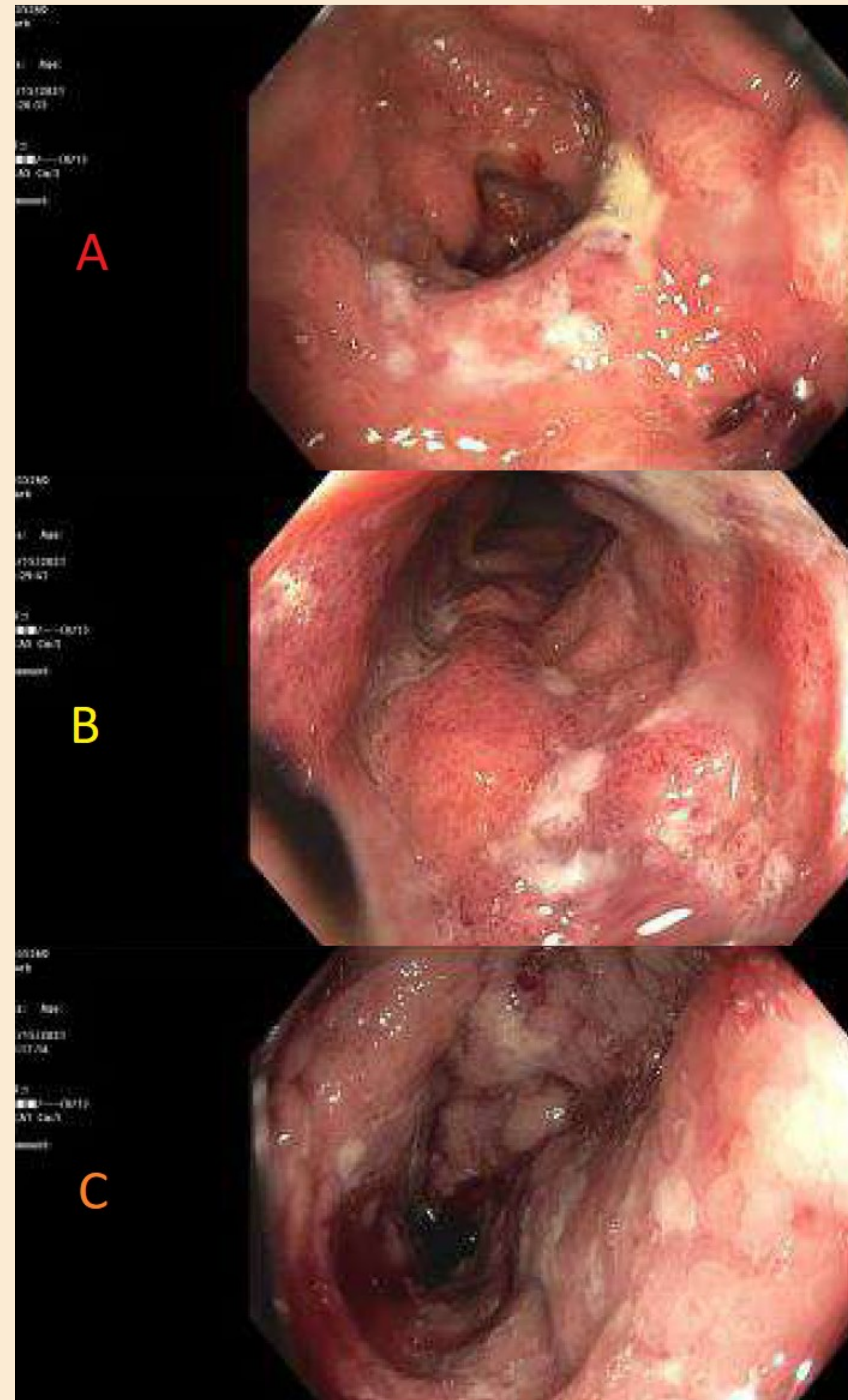
ALT/AST: 24/23

Tbili: 0.4

CRP: 6 mg/dL

ESR: 40mm/h

## Colonoscopy



## Clinical Course

- Initial colonoscopy showed diffuse severe, inflammation with congestion, erosions, friability, granularity and shallow ulcerations in rectum and recto-sigmoid colon.
- Biopsies revealed surface erosions, ulceration, crypt attenuation, crypt cytoplasmic mucin loss, vascular proliferation and hyalinization suggestive of ischemic colitis.
- Biopsies were negative for CMV, HSV, IBD, sevelamer crystals or microangiopathy and infectious stool studies were negative.
- He was started on linaclotide, mesalamine enemas, and hydrocortisone enemas.
- Over the next 3 months, patient had numerous readmissions for worsening symptoms with repeat colonoscopies showing similar findings of ischemic colitis.
- Although initial imaging showed no mesenteric occlusion, IR mesenteric angiogram was eventually performed which revealed **chronic occlusion of the IMV** with filling of a sigmoid varix and retrograde filling of smaller sigmoidal and hemorrhoidal veins.
- Patient declined surgical intervention and was advised evaluation for IR angioplasty. He was discharged on a strict bowel regimen and endorsed symptomatic improvement at follow up several months later.

## Take Home Points

- IMVT is an exceptionally rare entity which often results as a complication of inflammatory states such as diverticulitis.
- Although diverticulitis is the most common cause of IMVT, hypercoagulable disorders must remain an important differential diagnosis.
- Early detection of IMVT can decrease both morbidity and mortality while effectively guiding therapy.

## References

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