

Buerger's Disease in a Patient with Abdominal Pain and a Failing Graft Intestinal Transplant

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Introduction

We describe a case of abdominal pain and a failing graft intestinal transplant in a patient with a history of mesenteric ischemia and Thromboangiitis obliterans (Buerger's syndrome) that did not resolve with standard medical therapy.

Case Description

A 54 year old female with a history of smoking and ongoing Thromboangiitis obliterans (Buerger's disease) presents with abdominal pain and failing graft intestinal transplant. Past medical history includes Buerger's syndrome, intestinal transplant, mesenteric ischemia, short gut syndrome, low back pain, deep venous thrombosis in pregnancy, and coronary atherosclerosis.

The patient was found to have fluid collection at their surgical site. There was 13 cm of fluid collection under their midline, with IR drainage of 10 ml serosang fluid. The patient completed the course of IV daptomycin, ertapenem and diflucan.

The patient was noted to have left upper extremity swelling distal to the elbow. There was a partially occluding acute deep vein thrombosis of the axillary vein on the left extremity, as well as a partially occluding acute superficial vein thrombosis of the basilic vein. The anticoagulation medication Lovenox will continue at 40mg twice per day.

Case Description

Regarding Ischemic colitis, the Computed tomography arterial portography revealed no evidence of ischemia, stable thrombus, and no fluid collection. The pneumatosis from the previous admission was resolved. The patient is continuing Lactulose treatment, but Rifaximine is being recommended as an alternative, due to the patient's history of bowel ischemia.

Discussion

Buerger's disease (also known as thromboangiitis obliterans) affects blood vessels in the body, most commonly in the arms and legs. Blood vessels swell, which can prevent blood flow, causing clots to form. This can lead to pain, tissue damage, and even gangrene. It is typically treated with medications that dilate blood vessels, improve blood flow or dissolve blood clots, such as anticoagulants. In our case, evaluation indicates that the intestinal transplant is failing for this patient with a history of Buerger's disease.

Conclusion

We present a case of abdominal pain and a failing graft intestinal transplant attributed to smoking with Thromboangiitis obliterans (Buerger's disease).

The authors have no conflicts of interest to report.

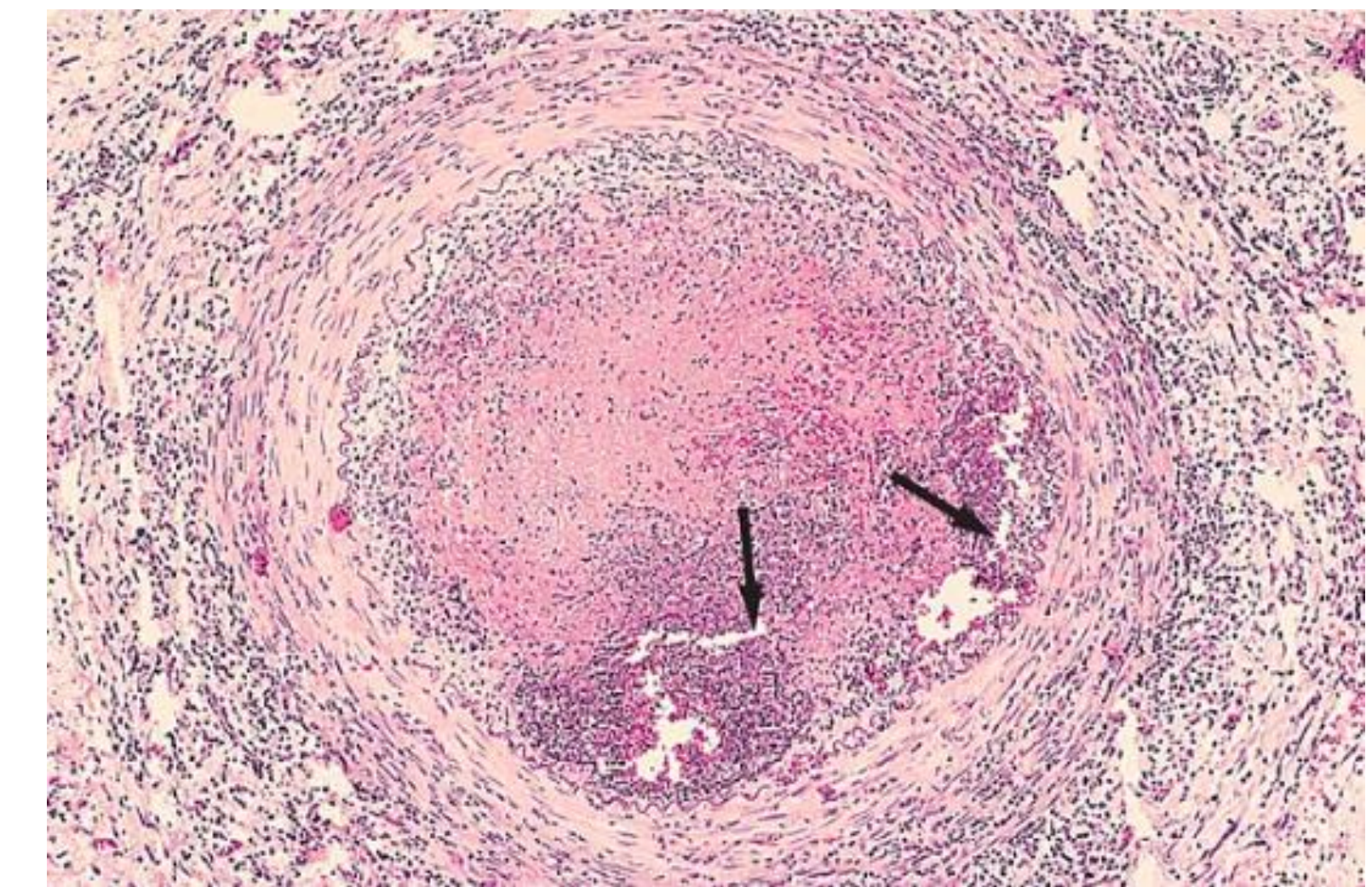


Figure 1: A vessel completely occluded by an inflammatory thrombus. Arrows indicate the presence of microabscesses.

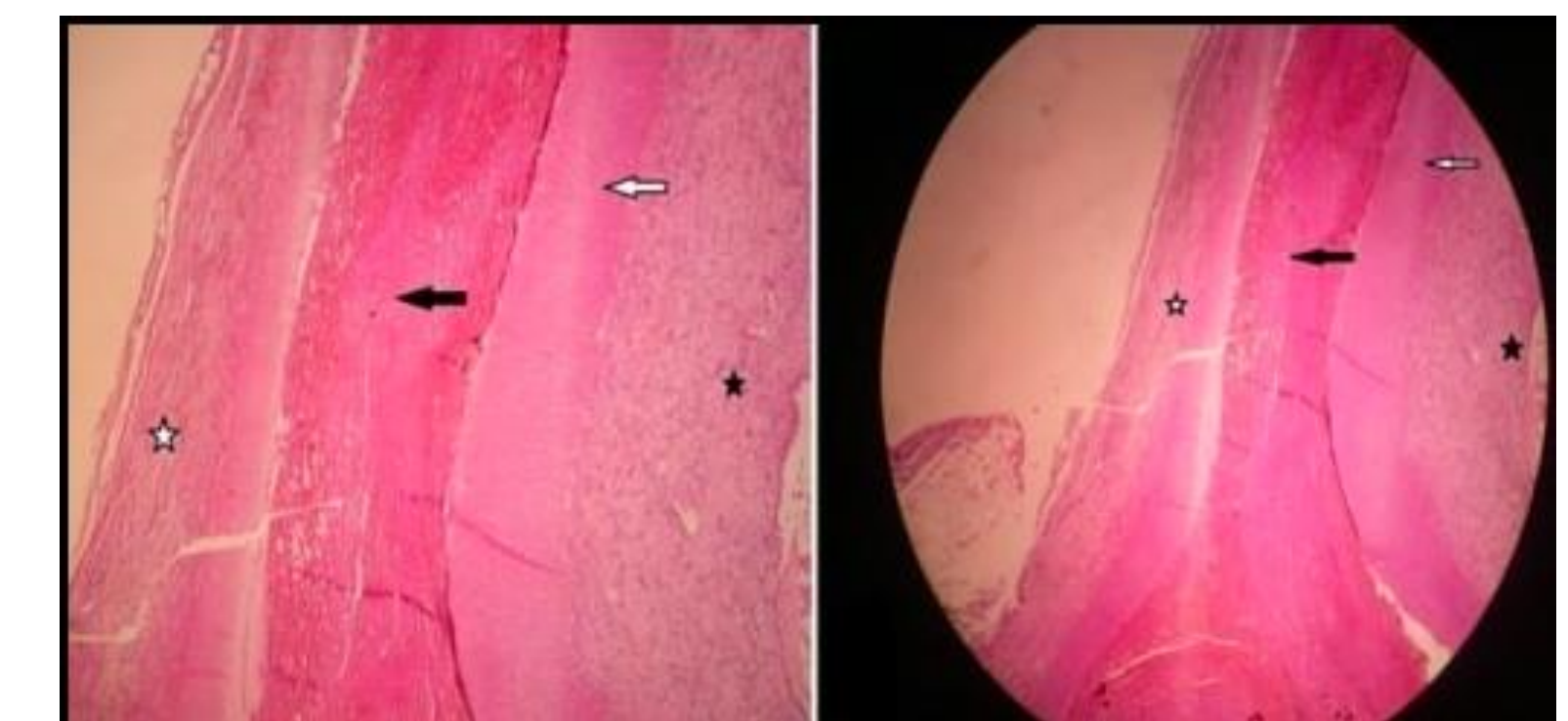


Figure 2: The vessel lumen has a thrombus rich in neutrophils (black star). Both the tunica intima and media are normal (white and black arrows). Periarterial lymphocytic infiltrate is seen (white star).

References

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