A 64-year-old male presented to our emergency department with a 6-day history of generalized malaise, worsened by left lower back pain and anorexia for the last 2 days. Other symptoms were denied, and analytical evaluation only showed leucocytosis and elevated C-reactive protein. Contrast-enhanced computed tomography (CE-CT) was performed (Fig. 1), in which a thickened segment of sigmoid colon with diverticula, peri-colonic fat stranding and a small amount of extra-luminal gas were seen, in keeping with perforated diverticulitis. It also revealed air thrombi along the sigmoid veins and the inferior mesenteric vein, as well as a wedge-shaped hypoenhancing area in the spleen, interpreted as splenic infarction secondary to pylephlebitis.

Despite initially showing complete clinical response under broad-spectrum antibiotics, the patient relapsed with fever and left lower back pain. CE-CT was again performed (Fig. 2), showing evolution of the previously documented splenic infarct into spontaneous splenic rupture. He was submitted to emergent splenectomy and peritoneal lavage, with posterior clinical recovery and discharge.

Acute diverticulitis is a well-documented cause of acute abdominal pain, often complicated by intra-abdominal abscess, fistulisation and perforation. Very rarely, due to high endoluminal pressure and bacterial transmigration, septic or gas emboli are released from the affected area and cause ascending venous thrombosis (pylephlebi...
Mesenteric pylephlebitis may cause segmental bowel ischemia or, through embolization along the splenic and portal veins, distant abscess formation and infarction. Exceedingly rarely, pylephlebitis of the inferior vena cava occurs, resulting in septic pulmonary embolism. Because clinical presentation is often unspecific, CE-CT is the modality of choice. It allows not only visualization of thrombi and estimation of disease extent, but also identification of its underlying cause. Although the prognosis of gas in the venous system and spontaneous splenic rupture is generally very poor, it tends to be more favourable in cases of benign etiology as diverticulitis.

RESPONSABILIDADES ÉTICAS
CONFLITOS DE INTERESSE: Os autores declaram a inexistência de conflitos de interesse na realização do presente trabalho.
FONTES DE FINANCIAMENTO: Não existiram fontes externas de financiamento para a realização deste artigo.
CONFIDENCIALIDADE DOS DADOS: Os autores declaram ter seguido os protocolos da sua instituição acerca da publicação dos dados de doentes.
CONSENTIMENTO: Consentimento do doente para publicação obtido.
PROVENIÊNCIA E REVISÃO POR PARES: Não comissionado; revisão externa por pares.

ETHICAL DISCLOSURES
CONFLICTS OF INTEREST: The authors have no conflicts of interest to declare.
FINANCING SUPPORT: This work has not received any contribution, grant or scholarship.
CONFIDENTIALITY OF DATA: The authors declare that they have followed the protocols of their work center on the publication of data from patients.
PATIENT CONSENT: Consent for publication was obtained.
PROVENANCE AND PEER REVIEW: Not commissioned; externally peer reviewed.
REFERÊNCIAS


