

在一持續性攜帶式腹膜透析末期腎病病人的肝門靜脈積氣
和腸壁積氣

**Hepatic Portal Venous Gas and Pneumatosis
Intestinalis in A Uremic Patient with Continuous
Ambulatory Peritoneal Dialysis**

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摘要

肝門靜脈積氣，指的是肝門靜脈裡面出現氣體堆積。當電腦斷層影像尚未出現之前，在過去的文獻資料中它被視為是非常罕見的情形。它的電腦斷層影像特徵很特別，若病人出現肝門靜脈積氣，就算緊急開刀處理急性腸繫膜動脈梗塞，仍舊有相當高的死亡率。本文報告一名 55 歲女性病人以重度腹脹、嚴重腹瀉、發燒和敗血性休克為症狀的腹膜透析液腹膜炎而住院。肝門靜脈積氣以及腸壁積氣的影像出現在她的腹部電腦斷層上，並且加上重度主動脈硬化，可能是來自因為腸繫膜動脈梗塞的小腸壞死。然病人病情不佳而無法開刀，儘管合併多種抗生素使用和重症積極照護，病人依然不治。故我們認為儘早發現肝門靜脈積氣和腸壁積氣這兩種影像學特徵來做出診斷以及處理腸繫膜動脈梗塞是相當重要的。

Abstract

Hepatic portal venous gas (HPVG) is the existence of air in the hepatic portal venous system. It was considered very rare in the past literatures before the introduction of computed tomographic (CT) scan. With special image feature in the abdominal CT scan, HPVG has been well known to be associated with high mortality even while urgent surgical intervention is performed for acute mesenteric infarction. In this paper, we present a 55 year-old woman who was admitted due to dialytic fluid related peritonitis with the manifestations of severe abdominal distension, severe diarrhea, fever, and septic shock. HPVG formation was detected in the CT scan of abdomen, as well as pneumatosis intestinalis (PI) and severe aorta atherosclerosis, implying small bowel necrosis, which was possibly originated from acute mesenteric infarction. Operation was not performed due to severely deteriorated condition. The patient rapidly died despite of antibiotic combination therapy and intensive hemodynamic support. Early recognition of the HPVG and PI combination signs is crucial for prompt diagnosis and management for acute mesenteric infarction.