Letter

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To the Editor,

I read the May 2010 GI Image by Harb with interest in light of our recent publication on a similar topic.¹ In this case report, they described a patient in multi-organ failure with small bowel pneumatosis and superior mesenteric and portal venous gas. The authors clearly demonstrated dramatic images of gas within the bowel wall and liver, which have often led clinicians to suspect an abdominal catastrophe.

The authors define *portal pyemia* as a combination of infection and thrombosis of the portal vein. Unfortunately, the selected images failed to demonstrate thrombosis of the portal vein, and the laparotomy failed to identify clot in the superior mesenteric or portal vein. The subsequent autopsy also failed to document thrombosis of the mesenteric or hepatic veins. Why did the authors maintain a thrombosis theory when all proof was to the contrary? No positive cultures were found in perioperative period, at surgery, and at autopsy. They attribute the failure to obtain positive

cultures to bacterial clearance within the liver and potent antibiotics. Why did the authors not acknowledge that they may have been dealing with a nonbacterial phenomenon?

In March 2010 journal, we describe our experience with pneumatosis and portal vein gas in over 88 patients treated at the University of Iowa. We found that in a large percentage of patients (30%), there exists NO intra-abdominal pathology. In many cases, a laparotomy may be necessary to “rule out” common intra-abdominal catastrophes. But when a laparotomy is non-revealing and therefore nontherapeutic, the clinicians must be capable of looking beyond the “gas” and vigorously explore and treat alternative diagnosis.

Sincerely,

Neal Wilkinson

Reference

1. Wayne E, Ough M, Wu A, Liao J, Andresen KJ, Kuehn D, Wilkinson N. Management algorithm for pneumatosis intestinalis and portal venous gas: treatment and outcome of 88 consecutive cases. J Gastrointest Surg. 2010 Mar;14(3):437–48.

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