Pylephlebitis is defined as an infective suppurative thrombosis of the portal vein. The disease is an uncommon complication of intra-abdominal infections that can cause significant morbidity and mortality. We report a case of a patient with pylephlebitis secondary to acute cholecystitis who was already receiving interferon therapy for chronic hepatitis C virus (HCV) infection. A 52-year-old man with a history of chronic HCV infection presented with abdominal pain and fatigue for 1 day. His chronic HCV infection had been followed-up for a year. Pegylated interferon α-2a and ribavirin therapy had been administered 2 weeks earlier for his infection. He also had cholecystitis that had been confirmed 3 months earlier by abdominal ultrasonography. Because the abdominal ultrasonographic examination had been performed, no other pathological findings had been obtained.

Physical examination gave the following results: blood pressure, 100/70 mmHg; heart rate, 100 beats/min; and body temperature, 39.5°C. His laboratory test results were Hb, 11.7 mg/dL; WBC, 18,800 cells/mm³; ALT, 250 U/L; AST, 280 U/L; ALP, 224 U/L; and GGT, 345 U/L. Magnetic resonance imaging (MRI) of the abdomen revealed portal vein thrombosis and cholecystitis (Figure 1). Color Doppler confirmed the presence of portal vein thrombus. However, there was no periporal collateral circulation because of portal vein thrombosis. The absence of periporal collateral circulation, initial time of abdominal pain, and the findings of previous abdominal ultrasonography performed 3 months earlier revealed that the patient had an acute portal vein thrombus.

The patient showed clinical improvement with appropriate antibiotic and anticoagulant therapy. Computed tomography (CT) was performed 1 month later and showed persistence of the portal vein thrombus. A decision was made to observe the patient and continue warfarin treatment.

In summary, pylephlebitis is a rare complication of intra-abdominal infections, especially cholecystitis. Early recognition and prompt treatment are essential to improve the outcome of patients with this disease.

**Figure 1.** Magnetic resonance imaging of the abdomen showing venous thrombosis in the left portal vein
diagnosis is very important because of the potential for significant morbidity and mortality. Therefore, it is essential to treat patients as soon as possible.

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**REFERENCES**