Pyloric Stenosis Revealing Agenesis of the Retrohepatic Inferior Vena Cava: About A Rare Case

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DOIs: 10.36347/sjmer.2022.v10i02.017 | Received: 24.12.2021 | Accepted: 02.02.2022 | Published: 15.02.2022

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Abstract

Agenesis of the retrohepatic inferior vena cava (IVC) is a rare vascular malformation characterized by agenesis of the retrohepatic segment of the IVC and a dilated azygos vein draining venous blood from the caudal segments.

We report the case of a 46-year-old patient, admitted for etiological workup of a pyloric stenosis with incidental discovery of agenesis of the retrohepatic IVC with azygos continuation.

Case Report

A 46 year old male patient, without any particular pathological history, complains of atypical chronic epigastralgia of moderate intensity, fixed without irradiation, without any aggravating or relieving factor, evolving for 2 years, associated with late postprandial food vomiting of intermittent evolution, without any other digestive or extradigestive manifestations, in particular no dyspnea, no chest pain. evolving in a context of apyrexia and alteration of the general state made of anorexia, asthenia and weight loss.

Clinical examination found a conscious patient, hemodynamically and respiratory stable, with epigastric tenderness, no palpable mass or impaction, no clinically detectable hepatomegaly or splenomegaly, no flank dullness, cardiovascular examination was also without particularities. The rest of the somatic examination was unremarkable.

A thoraco-abdominal computed tomography (CT) scan showed significant gastric distension reaching the hypogastrium upstream of a very tight pyloric stenosis, associated with a venous return anomaly such as agenesis of the retrohepatic IVC with azygos continuation via a very dilated hemi-azygos vein (Figure 1 and 2).

An upper endoscopy showed a fibrous pyloric stenosis with a small opening that could not be crossed by the endoscope.

The patient was transferred to the surgical department for surgical management of the pyloric stenosis. The procedure consisted of resection of the pyloric stenosis with anastomosis. The post-operative follow-up was without incident,

The patient was then referred to the cardiology consultation for management of the agenesis of the retrohepatic IVC.
Although this anomaly may be discovered incidentally in asymptomatic individuals, it may also be diagnosed in the setting of deep vein thrombosis (Schneider et al., 2002).

The diagnosis of ICV agenesis can be confirmed by computed tomography (CT) or magnetic resonance imaging (MRI). Detection of collateral circulation can also be done by angiography (Sneed et al., 2005).

Magnetic resonance phlebography is a safe and reliable contrast-enhanced alternative to conventional phlebography or CT. The procedure is simple and rapid and can be combined with phase-contrast phlebography and flow direction studies (Sneed et al., 2005).

**CONCLUSION**

Cases of agenesis of the IVC are most often detected incidentally. Recognition of these anomalies is very important and can avoid misdiagnosis as well as problems when planning interventional procedures (e.g. placement of IVC filters) or abdominal surgery.

**REFERENCES**