Abstract Form

Hospital Affiliation:	Kern Medical Center
Presenter Name (Last, First):	Aboaid, Shatha MD
Co-Authors:	Sukkar, Marah MD, Singh Bhandohal, Janpreet MD, Fox, Kasey DO, Kaur Mann, Baldeep MD
Project Title:	**Multi-Venous Thrombosis with JAK2 V617F Mutation in the Absence of Thrombocytosis**

Research Category (please check one):

☐	**Original Research**	☒	**Clinical Vignette**	☐	**Quality Improvement**	☐	**Medical Education Innovation**

Abstract

Introduction: Venous thrombosis is the third most common cardiovascular affliction after ischemic heart disease and stroke. The pathogenesis of venous thrombosis is multifactorial, involving acquired and genetic factors.

It is well-known that Porto-mesenteric venous thrombosis (PMVT) may be an early or presenting complication of an undiagnosed Myeloproliferative Disorder (MPD), particularly in young patients. After reviewing the literature, we found only a few cases of portal venous thrombosis with no overt MPD.

Our patient had portal venous thrombosis, splenic venous thrombosis extending to the superior mesenteric vein with detected JAK2 V617F mutation in the absence of polycythemia, thrombocytosis, or other underlying thrombophilia risk factors.

Case Presentation: A 38-year-old Hispanic male with a history of cerebral venous thrombosis presented with abdominal pain for 1 month, worsening over the week prior to presentation. The pain was described as constant epigastric pain radiating to the right lower quadrant (RLQ), with no other symptoms. The patient is a nonsmoker, not an alcoholic, and denied any recreational drug use. On physical exam Temperature of 36.7 °C (Oral), HR of 85 beats per minute, RR: 20 per minute, BP: 123/77 mmHg, SpO2: 99% on room air. On abdominal exam, there was tenderness over the epigastric and RLQ areas, with no guarding or rebound tenderness. Laboratory studies showed normal basic metabolic panel, white blood cell count16.3 x 10^3/mcL with neutrophils predominance, hemoglobin of 13.9 g/dL, red blood cell count 5.29 x 10^6/mcL, platelets 386, PT 14.7 seconds, INR 1.15, PTT 29.8 seconds. A hypercoagulability workup was ordered. The COVID test was negative.

CT abdomen and pelvis was obtained and was remarkable for a large occlusive thrombus of the portal vein, right and left intrahepatic portal veins, and splenic vein extending into the SMV and its branches. The patient was treated medically with a heparin drip during hospitalization and switched to Eliquis 5mg BID on discharge. He did not require any surgical intervention. Hypercoagulability workup later showed negative Factor V Leiden, negative cardiolipin antibodies, and B2 glycoprotein but **detected JAK-2 mutation** (Protein C, Protein S, antiphospholipid antibody panel were unremarkable in the past). He was followed up by a hematology clinic to continue long-term anticoagulation and by a primary care physician