An eighteen year old boy; a known case of acute lymphocytic leukaemia was admitted to the hospital for chemotherapy. Patient started to complain of generalised severe abdominal pain. There were no particular findings on clinical palpation. He was sent for an ultrasound and Doppler examination of the abdomen. Color Doppler showed patency of the mesenteric arteries. However the superior mesenteric vein was dilated with thrombus and showed lack of color filling (Fig. 1). Grey scale evaluation of the bowel showed multiple echogenic linear foci in the wall of the jejunal loops, representing intramural air (pneumatosis intestinalis) as shown in Fig. 2. Thus a diagnosis of venous ischaemia of the bowel was made. The referring oncologist recommended that surgical exploration was not advisable in view of patient’s very low platelet counts and overall poor general condition. The patient died the same evening due to septicemia secondary to gangrene of the bowel.

Mesenteric venous ischaemia is an unusual cause of bowel gangrene accounting for only 5% of cases. Other commoner causes are superior mesenteric artery thrombosis (50%), superior mesenteric artery embolism (25%) and non-occlusive mesenteric ischaemia (20%). The possible cause of mesenteric venous thrombosis in hematological malignancies is postulated to be direct injury to the endothelial cells by chemotherapeutic drugs as well as by the primary malignant process.

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