A 29-year-old man with diarrhea and abdominal pain for 2 weeks presented to the emergency department with new-onset left back pain. Contrast-enhanced computed tomography (CT) showed a left inferior vena cava (IVC) crossing over the aorta, and thrombus in the IVC and left renal vein. Colonoscopy and biopsy for assessment of diarrhea and abdominal pain provided a diagnosis of ulcerative colitis. Stasis of blood flow due to left IVC crossing over the aorta, and hypercoagulability due to ulcerative colitis influenced thrombus formation.
Fig. 1 (A–D) Axial view of contrast-enhanced computed tomography from cranial to caudal. Left inferior vena cava (IVC) crosses over the abdominal aorta, and IVC thrombus is shown.

Fig. 2 (A–D) Coronal view of contrast-enhanced computed tomography from abdominal to dorsal. Giant thrombus appears in left inferior vena cava and left renal vein distal to the crossover point.