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Summary

Portal vein thrombosis in compensated cirrhosis: Is it time for prophylaxis?

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Hepatobiliary

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The speaker presented evidence that anticoagulation in cirrhotic patients may prevent decompensation and improve survival beyond merely treating portal vein thrombosis, though Baveno 8 states insufficient evidence exists to recommend it for decompensation prevention.

KEY POINTS

- The speaker's rivaroxaban trial in 90 Child-Pugh B patients reported that rivaroxaban appeared to improve portal hypertension-free survival without significantly increasing major bleeding, though the study ended before reaching target enrollment.
- A meta-analysis the speaker cited found that anticoagulation reduced all-cause mortality in 500 cirrhotic patients with portal thrombosis, independently of thrombosis severity and recanalization.
- The EUREKA study the speaker discussed reported that prophylactic-dose enoxaparin for 48 weeks in 70 patients reduced probability of portal vein thrombosis, liver decompensation, and increased survival with only minor bleeding events.
- Rivaroxaban area-under-curve increases more than 200% in Child-Pugh B patients according to data the speaker presented, leading to the recommendation that rivaroxaban can be used in Child-Pugh A but must be avoided outside clinical trials in Child-Pugh B.
- The speaker outlined Baveno 8 recommendations for anticoagulation in cirrhotic portal vein thrombosis: maintain until transplant in candidates, minimum 6 months in others, and consider long-term therapy regardless of recanalization balancing benefits against bleeding risk.
- The speaker illustrated concepts with a case of recurrent portal vein thrombosis after anticoagulation was stopped at 3 months post-recanalization, leading to variceal bleeding and eventual TIPS placement.

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