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Summary

SPLANCHNIC VEIN THROMBOSIS IN ACUTE PANCREATITIS: BACKGROUND NOISE OR PROGNOSTIC ALARM?

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Splanchnic vein thrombosis occurred in 3.7% of acute pancreatitis patients and was associated with male sex, younger age, and active smoking, with recanalization preventing portal hypertension development.

KEY POINTS

- Splanchnic vein thrombosis was identified in 73 of 1,969 acute pancreatitis patients (3.7%), with the splenic vein most commonly involved (69.9%).
- Patients with thrombosis were more often male (61.6% vs 49.0%, p=0.030), younger (58.8 vs 63.7 years, p=0.001), and active smokers (24.7% vs 8.2%, p=0.001) compared to matched controls.
- Among patients with thrombosis, 58.9% developed signs of portal hypertension including collateral circulation (39.7%), esophageal varices (17.8%), and splenomegaly (16.4%), while 8.2% developed ascites and 4.1% experienced variceal bleeding during median 4.9-month follow-up.
- Recanalization occurred in 22.2% of patients with follow-up imaging and prevented portal hypertension development, while 68.5% of non-recanalized patients developed portal hypertension and 29.1% experienced decompensation.
- Complete thrombosis at any splanchnic site was the only significant predictor of non-recanalization (42.1% vs 7.7%, p=0.006), while anticoagulation showed a trend toward recanalization without impacting overall survival.

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