THE SPLANCHNIC VENOUS THROMBOSIS REGISTRY IN AZIENDA OSPEDALIERO UNIVERSITARIA DELLE MARCHE (SVT-REGISTRY) - DESIGN AND COHORT DESCRIPTION

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A single-center registry of 320 splanchnic vein thrombosis patients from 2005 to 2022 demonstrates significant differences in presentation, treatment, and outcomes between patients with and without liver disease.

KEY POINTS

- Among 228 patients with liver disease, 55.3% had isolated portal thrombosis compared to 41.3% in the 92 patients without liver disease, with significantly different extent of thrombosis (48.4% complete vs 60.5% complete, p=0.001).
- Patients with liver disease had higher rates of portal hypertension complications including ascites (80.3% vs 19.7%) and esophageal varices (74.5% vs 27.0%), and were preferentially treated with low molecular weight heparin (64.5% vs 35.9%, p<0.0001).
- Recanalization occurred in 33.8% of liver disease patients and 32.6% of non-liver disease patients at similar median times (8.4 vs 5.0 months), with lower recanalization rates in patients with portal hypertension complications (p=0.0431).
- Among patients achieving recanalization, those with liver disease experienced earlier recurrence (median 21.3 vs 70.6 months, p=0.042), with HCC diagnosis and lack of long-term VKA use associated with increased recurrence risk.
- Bleeding complications occurred in 10.1% of anticoagulated patients but caused no deaths; this registry provides real-world data relevant to clinicians managing splanchnic vein thrombosis in cirrhotic and non-cirrhotic populations.

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