

PORTO-SINUSOIDAL VASCULAR DISORDER (PSVD): PREDICTING CLINICALLY SIGNIFICANT PORTAL HYPERTENSION WITH LIVER HEMODYNAMIC ASSESSMENT AND TRANSIENT SPLEEN ELASTOGRAPHY

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UEG Week Copenhagen 2023

Poster

Hepatobiliary

October 15, 2023

In a retrospective study of 17 patients with histologically confirmed porto-sinusoidal vascular disorder, spleen stiffness by transient elastography was significantly associated with varices while hepatic venous pressure gradient was not.

KEY POINTS

- Spleen stiffness was significantly associated with presence of varices ($p=0.03$) but not with ascites ($p=0.32$) in patients with porto-sinusoidal vascular disorder
- Hepatic venous pressure gradient showed no significant association with varices ($p=0.171$), ascites ($p=0.05$), or splenomegaly ($p=0.441$)
- Vein-to-vein communicant vessels were present in 35% of patients and underestimate hepatic venous pressure gradient, with 75% of patients having clinical portal hypertension but hepatic venous pressure gradient below 10 mmHg showing these communicants
- Median spleen stiffness was 74.1 kPa and median hepatic stiffness was 9.6 kPa in this cohort of 17 consecutive patients with histological evidence of porto-sinusoidal vascular disorder
- Common variable immunodeficiency was the most common possible underlying etiology (35% of patients), followed by azathioprine use and antiphospholipid syndrome (12% each)

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