MUTATIONS ASSOCIATED WITH THROMBOPHILIA IN PATIENTS WITH LIVER CIRRHOSIS AND NON-TUMORAL SPLENO-PORTO-MESENTERIC AXIS THROMBOSIS. A FUTILE DIAGNOSTIC TEST?

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In a retrospective study of 75 cirrhotic patients with non-tumoral spleno-porto-mesenteric thrombosis, inherited thrombophilia mutations were rare (10.6%), suggesting routine screening may be futile in most cases.

KEY POINTS

- Among 75 cirrhotic patients with portal system thrombosis, only 10.6% had inherited thrombophilia mutations (Factor V Leiden: 5 patients, prothrombin 20210A: 3 patients, hyperhomocysteinemia: 3 patients, lupus anticoagulant: 1 patient).
- Protein C, S, or antithrombin deficiency was present in 80% of patients, likely secondary to liver disease rather than inherited thrombophilia.
- No statistically significant association was found between thrombophilia presence and etiology, Child-Pugh class, MELD score, or thrombosis extent.
- The prevalence of thrombophilia mutations was similar to that in the general population, leading authors to conclude routine screening may not be warranted in most cirrhotic patients with thrombosis.
- This single-center retrospective analysis may inform discussions about the utility of thrombophilia testing protocols in cirrhotic patients presenting with portal vein thrombosis.

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