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Summary

Portal vein thrombosis: Aetiologies and differential management

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Hepatobiliary

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The speaker presented on portal vein thrombosis in cirrhotic patients, emphasizing that it is driven by portal hypertension rather than prothrombotic factors, affects 14% of cirrhotics overall, and should be treated with anticoagulation especially in transplant candidates, with similar bleeding rates to no treatment.

KEY POINTS

- In cirrhotic patients, portal vein thrombosis risk factors are related to portal hypertension severity rather than coagulation abnormalities, with reduced portal vein blood flow showing a hazard ratio of 3 and an overall prevalence of 14%
- The speaker stated that a meta-analysis showed anticoagulation versus no treatment resulted in significantly lower all-cause mortality independent of recanalization rate, with bleeding occurrence the same in both groups
- Portal vein thrombosis worsens acute variceal bleeding outcomes, increasing five-day treatment failure, rebleeding rates, and six-week mortality as reported by the speaker
- Treatment is recommended for all transplant candidates, acute or large obstructions, symptomatic progression, and extension into the superior mesenteric vein, using low molecular weight heparin or direct oral anticoagulants
- The speaker stated that TIPS can be performed with over 90% technical success and complete recanalization rates, even in advanced thrombosis with cavernous transformation, including via a transsplenic approach
- Baveno guidelines recommend screening for portal vein thrombosis during HCC surveillance with Doppler ultrasound every six months in transplant-eligible patients, though the speaker questioned how many clinicians actually implement this

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