

A Case Series Of Combined Portal Vein Recanalization And Transjugular Intrahepatic Portosystemic Shunt Placement In Cirrhotic Patients

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Background

- Portal venous thrombus (PVT) occurs in an estimated 10-25% of cirrhotics.^[1]
- PVT can worsen portal hypertension and be a contraindication to liver transplant (LT).
- Portal venous recanalization (PVR) procedure after transjugular intrahepatic portosystemic shunt placement (TIPS) can be applied to restore venous patency.

Aim

- We examined the utility of PVR following TIPS in a cirrhotic cohort with PVT.

Methods

Retrospective review (1/2011-11/2021):

- Patients with cirrhosis and combined TIPS with PVR

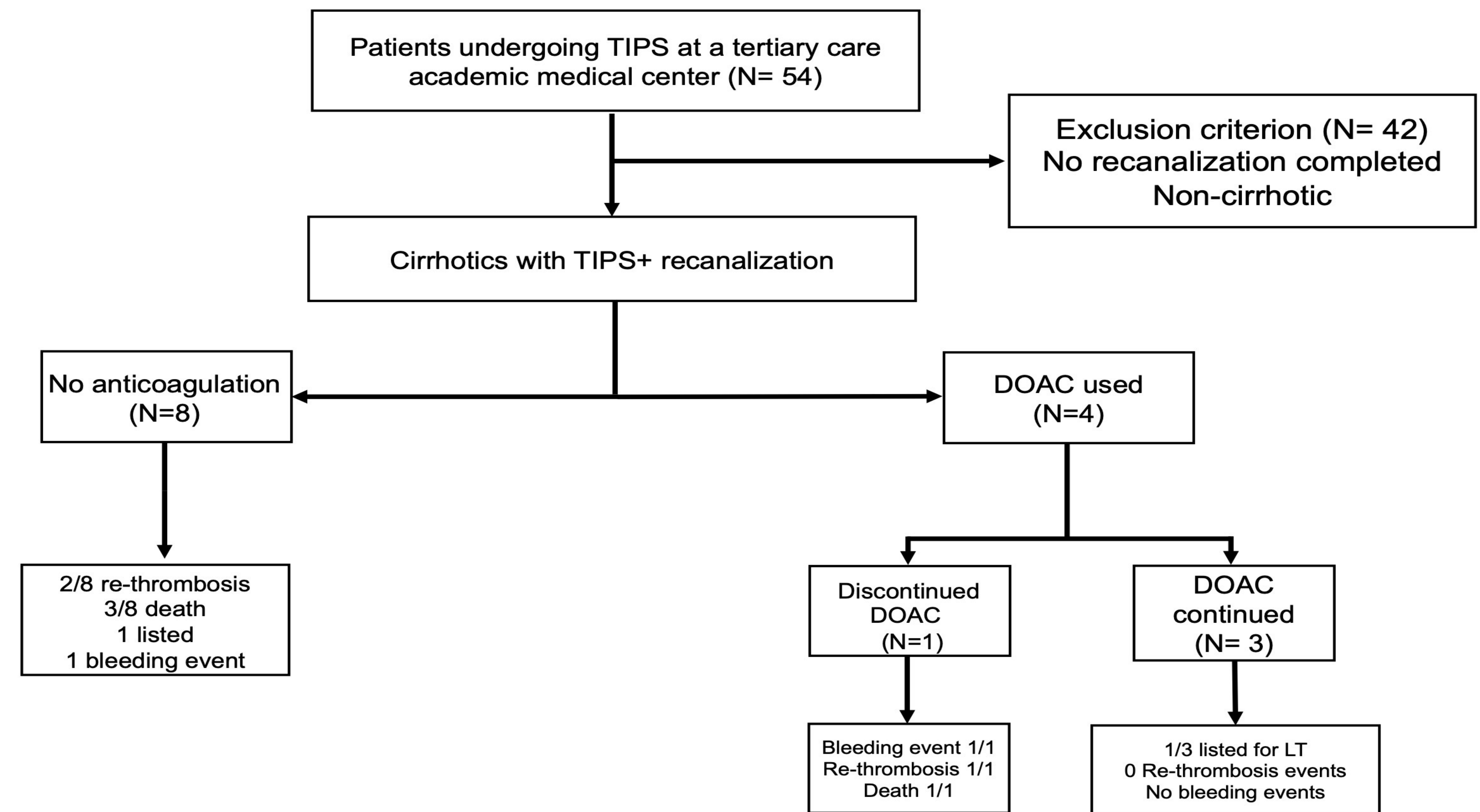
Data Collected

- Demographics etiology of cirrhosis, hepatic decompensations, and anticoagulation use. graphics, MELD

Outcome Variables

re-thrombosis rate, post procedure bleeding, mortality, and liver transplant

Results



Patient Data

n	12
Average age	59.58 ± 11.82
Average BMI	31.64 ± 7.35 kg/m ²
Etiology	NASH 50%, EtOH 17%, other 25%
Ascites	75%
Prior EVH	50%
HE	50%
Pre-procedure MELD	14.41 ± 3.11
Post-procedure MELD 1mo	16.44 ± 6.21
Post-procedure MELD 3mo	13 ± 2.94
Post Procedure AC	33%
Transplant candidacy	2 patients

Conclusion

- PVR followed by TIPS placement is an option for cirrhosis patients with PVT
- Our data indicate that re-thrombosis rate post-procedure was 25% overall, but 0% on DOAC therapy
- Re-establishment of portal vein patency and flow may facilitate listing patients for LT
- Further study is needed with a larger sample size and more outcomes such as LT