

THROMBOEMBOLIC COMPLICATIONS AFTER PORTAL HYPERTENSION SURGERY

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Introduction. Surgical management of patients with portal hypertension (PHT) should take into account the associated thromboembolic risk.

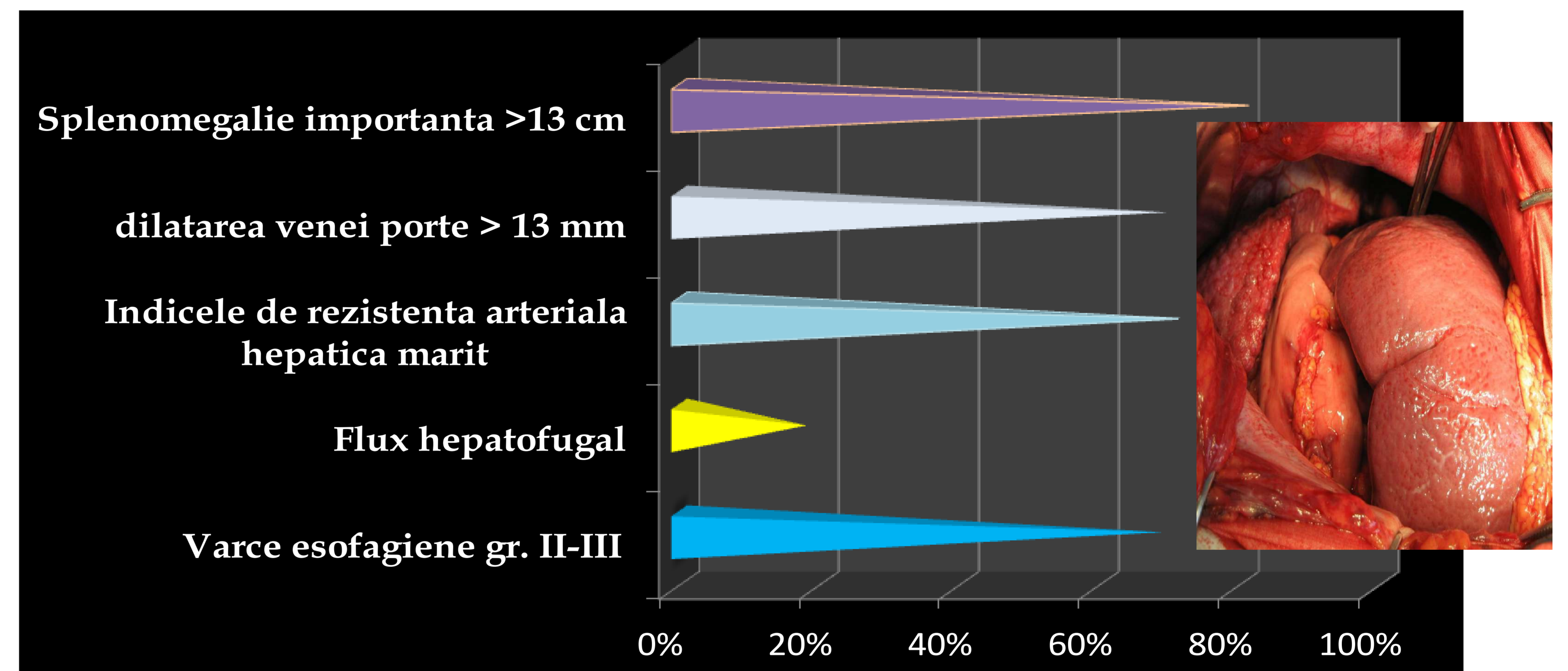
Purpose Analysis of the incidence and management of thromboembolic complications.

Material and methods. The retrospectively analyzed case study refers to 336 cirrhotic patients (Child A/B/C = 21/298/47) operated for PHT, severe hypersplenism: azygo-portal devascularization (340 cases), selective shunt operations (9 cases) and splenectomy with gastric disconnection (17 cases).

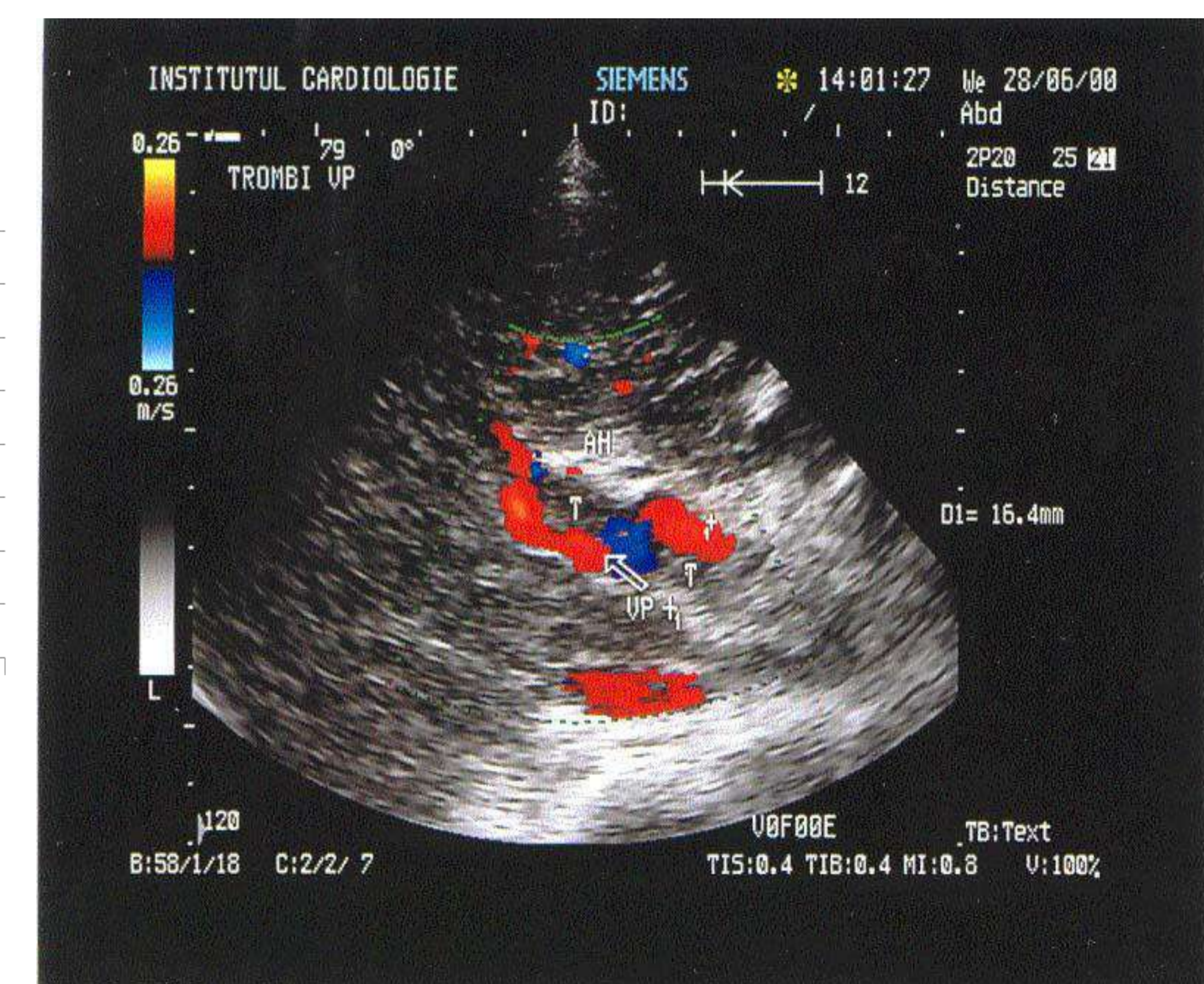
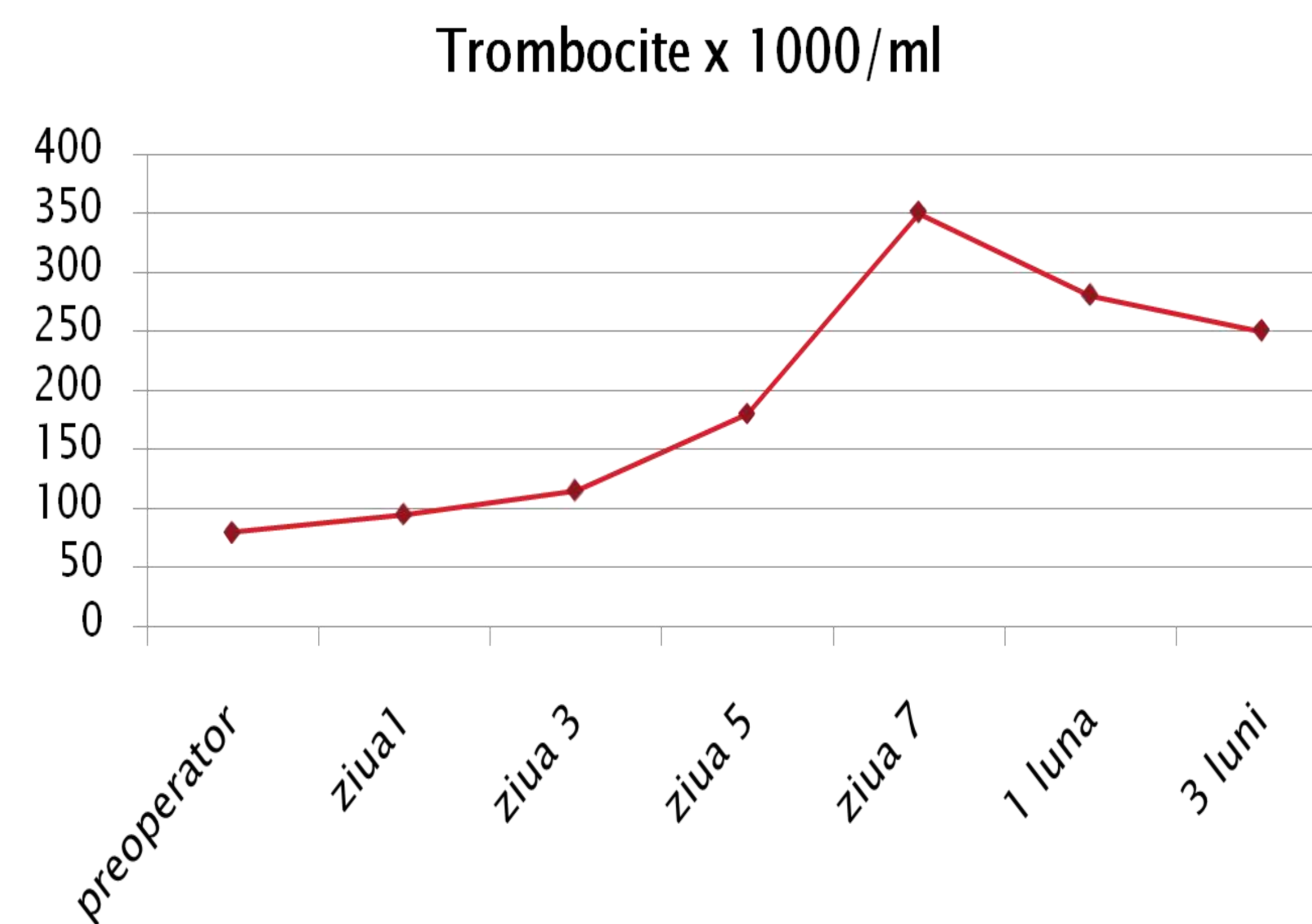
Results. In this group of patients we registered 22 patients with portal vein thrombosis (PVT): 14 cases located in the trunk, 5 extended in the oval and 3 upstream. The clinical presentation had 3 types: asymptomatic, slow onset, insidious and active onset associated with ascites (8), gastrointestinal bleeding (3) and pulmonary thromboembolism (1 case). We identified a significant positive correlation of PVT with the Child C score, splenomegaly > 20cm and portal flow < 15cm / s. Patients adhered to anticoagulant / antiplatelet therapy, with individual regimen and duration of administration. We recorded: PVT recanalization (19), portal cavernoma (4); retrombosis (5 cases).

Conclusions. Our observations note a different clinical, evolutionary, and prognostic diversity of PVT that argues for the treatment and monitoring of operated patients.

Keywords. Portal hypertension, thromboembolic complications.



Modificări ecografice și endoscopice prezente în cazuistica studiată



Dinamia postoperatorie a trombocitelor. Tromboza venei portă