

# Portal vein thrombosis is common in extraportal vein obstruction

October 12 2007

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Among the 118 patients with portal vein thrombosis, noncirrhotic and nontumoral extrahepatic portal vein obstruction are young and present with well tolerated bleed. Cirrhosis and tumor related portal vein thrombosis patients are older and have grim prognoses. Hypercoagulable state as a cause of portal vein thrombosis is less common. The idiopathic group comprises the second largest number of patients.

A research article to be published on October 21 in the *World Journal of Gastroenterology* addresses the etiology and clinical outcome of portal vein thrombosis. The research team led by Dr. Pankaj Jain and Dr. Sandeep Nijhawan from Sawai Man Singh Hospital, Jaipur worked on patients with portal vein thrombosis for two years. The researchers had observed that patients with portal vein thrombosis in the two groups behaved differently in etiology, presentation and prognosis. Therefore, they collected data from their centre to verify the differences.

The researchers included cirrhosis and tumor-related AND non-cirrhotic non-tumoral extrahepatic portal venous obstruction. The large sample size allowed them to obtain significant results and draw very reliable conclusions.

Factor V Leiden mutation was present in 2% of cases and is uncommon in India. Umbilical sepsis in childhood or catheterization of umbilical veins in the neonatal period may be responsible for extrahepatic portal vein obstruction in the developing countries.

Extrahepatic portal vein obstruction (EHPVO) patients were young and commonly presented with features of hematemesis, hypersplenism, pain abdomen and abdominal distension. Ten patients had acute PVT and two had presentation as acute Budd-Chiari syndrome. Cirrhosis and tumor-related portal vein thrombosis presented with abdominal distension, abdominal pain and jaundice. On follow-up of a mean period of 7 months (range 1-24 months), 48% patients had died. The role of JAK2 mutation in the early diagnosis of overt or silent myeloproliferative disease cannot be undermined but requires standardization.

Therefore, portal vein thrombosis is common in cirrhotic, tumor and non-tumoral, non-cirrhotic extraportal vein obstruction. EHPVO is a benign disease whereas cirrhotic and tumoral-related portal vein obstruction has a grim prognosis. Any patient with portal vein obstruction, in whom secondary cause is not known, should have hypercoagulable work up done to find out a treatable cause. Furthermore, as a primary prevention antenatal care has to be more meticulously planned and carried out.

Dr. Pankaj Jain (doing a fellowship in gastroenterology) and Dr. Sandeep Nijhawan (Professor of Gastroenterology) are working in the Department of Gastroenterology at Sawai Man Singh College and Hospital, Jaipur.

The experts opined that this research presents a large series of patients with portal vein thrombosis which they believed will be useful to the practitioners.

Source: World Journal of Gastroenterology

Citation: Portal vein thrombosis is common in extraportal vein obstruction (2007, October 12) retrieved 6 March 2023 from

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