

# Splenomegaly ups thrombosis in essential thrombocythemia

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cytoreductive/antiplatelet therapies was comparable in the two groups; however, patients with baseline splenomegaly had significantly higher cumulative risk of [thrombosis](#) at five years (9.8 versus 4.4 percent;  $P = 0.012$ ). Splenomegaly retained its negative prognostic role in multivariate analysis of risk factors for thrombosis, as did previous thrombosis, leucocyte count, and male gender.

"Baseline splenomegaly seems to be an independent additional risk factor for thrombosis in non-strictly World Health Organization-defined ET patients," the authors write. "[These] data could be useful in the real-life clinical management of these [patients](#)."

**More information:** [Abstract](#)  
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(HealthDay)—In patients with essential thrombocythemia (ET), baseline splenomegaly is associated with increased risk of thrombosis, according to a study published online Jan. 7 in the *American Journal of Hematology*.

In a retrospective study, Alessandro Andriani, M.D., from the Nuovo Regina Margherita Hospital in Rome, and colleagues examined the clinical and prognostic role of splenomegaly. Data were included from 1,297 ET patients.

The researchers found that 13.0 percent of the patients had an enlarged spleen; in 94.8 percent of cases, splenomegaly was mild ( $\leq 5$  cm). Patients with splenomegaly were mainly male, younger, had lower incidence of concomitant cardiovascular [risk factors](#), and presented higher platelet count and *JAK2V617F* allele burden. During follow-up, at least one thrombotic event occurred in 8.6 and 15.7 percent of patients without spleen enlargement and with [spleen](#) enlargement, respectively ( $P = 0.003$ ). The use of

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