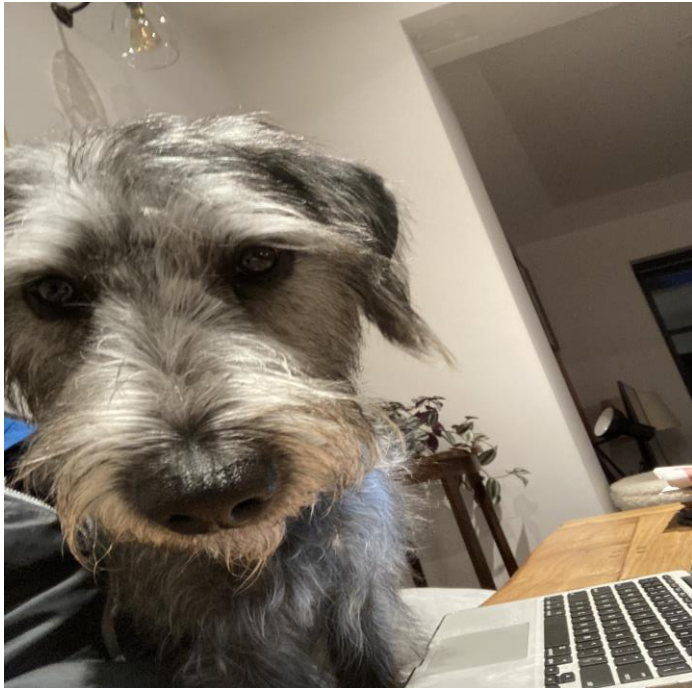


PVT-is variceal bleeding the
same in non-cirrhotics
compared to cirrhotics

David patch

Royal Free Hospital



- No!
- Bleed less, often with long periods imbetween bleeds
- Survive better
- Often younger (20—30's)
- Pathophysiology different
 - $P=I \times R$
 - Resistance ?fixed (yes-in Spain, no, in France)
 - Flow influenced by spleen size
- Little/Zero RCT data
 - So lots of pictures!
 - Clinical cases
 - Discussion



Variceal bleeding in Non Cirrhotic PVT vs Cirrhotic PVT

- Should the *management* be different
 - Patients present to all hospitals, not just university liver units
 - Variations in care=variation in outcomes
 - NCEPOD enquiry 2013-only 47% received good care
 - Concept of “care bundle”
- Non-cirrhotic patients tolerate bleed/surgery much better

- Primary Prophylaxis
 - Identify-all MPNs to have a CT (impact of portal hypertension on bone marrow transplantation)
 - Non MPNs will often be accidental pick-up
- Primary bleed
- Secondary Prophylaxis

Primary Prophylaxis

- Who to scope
 - 6/12 post acute PVT
 - No varices-re-check at 1 year, and 2 yearly thereafter (Baveno 7)
- How to treat
 - Beta blockers (Baveno 7) *logical*
 - (Banding)
 - Cyto reduction/agents that reduce spleen size
 - Jak2 inhibitors
- Anticoagulation

Effect of Anticoagulants in patients with cirrhosis and portal vein thrombosis: A systematic review and meta-analysis

Loffredo L et al *Gastroenterology* 2017;153:480-487

- 8 Studies, 353 patients anticoag vs none

| | Anti-coag | none | p |
|--|-----------|------|----------|
| Recanalisation 8 studies 353 | 71% | 42% | P=0.002 |
| Progression 6 studies 225 | 9% | 33% | P<0.0001 |
| Bleeding 6 studies 257 | 11% | 11% | |
| Variceal bleeding 4 studies 158 | 2% | 12% | P=0.04 |

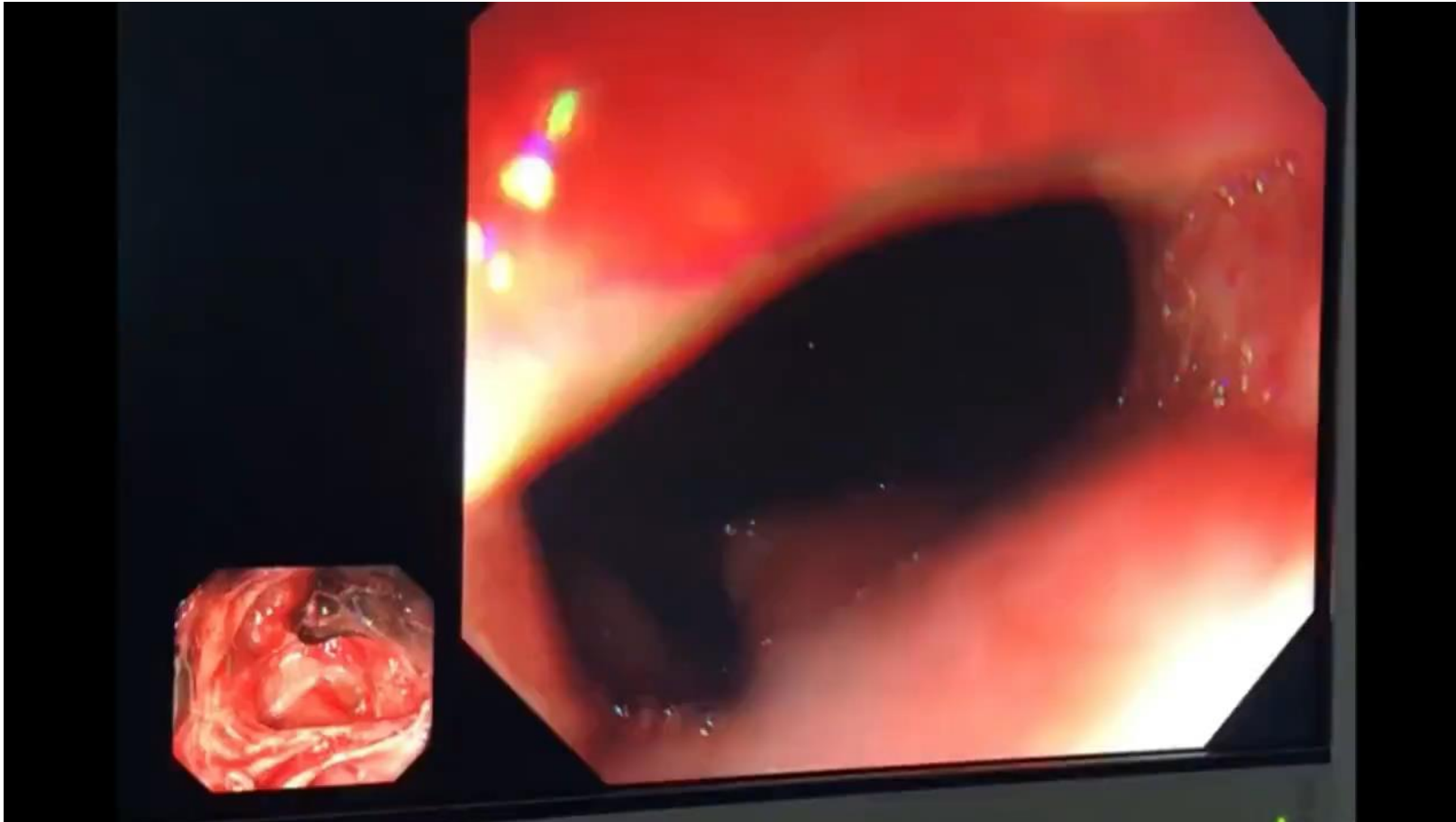
The acute bleed

- Standard resuscitation
- Hb<8
- Reverse anticoagulation
- Antibiotics?
- Terlipressin?
- Airway protection (Baveno 7-hrrmph)
- Cross sectional imaging
 - Image transfer (not on a Friday pls!)

The acute bleed

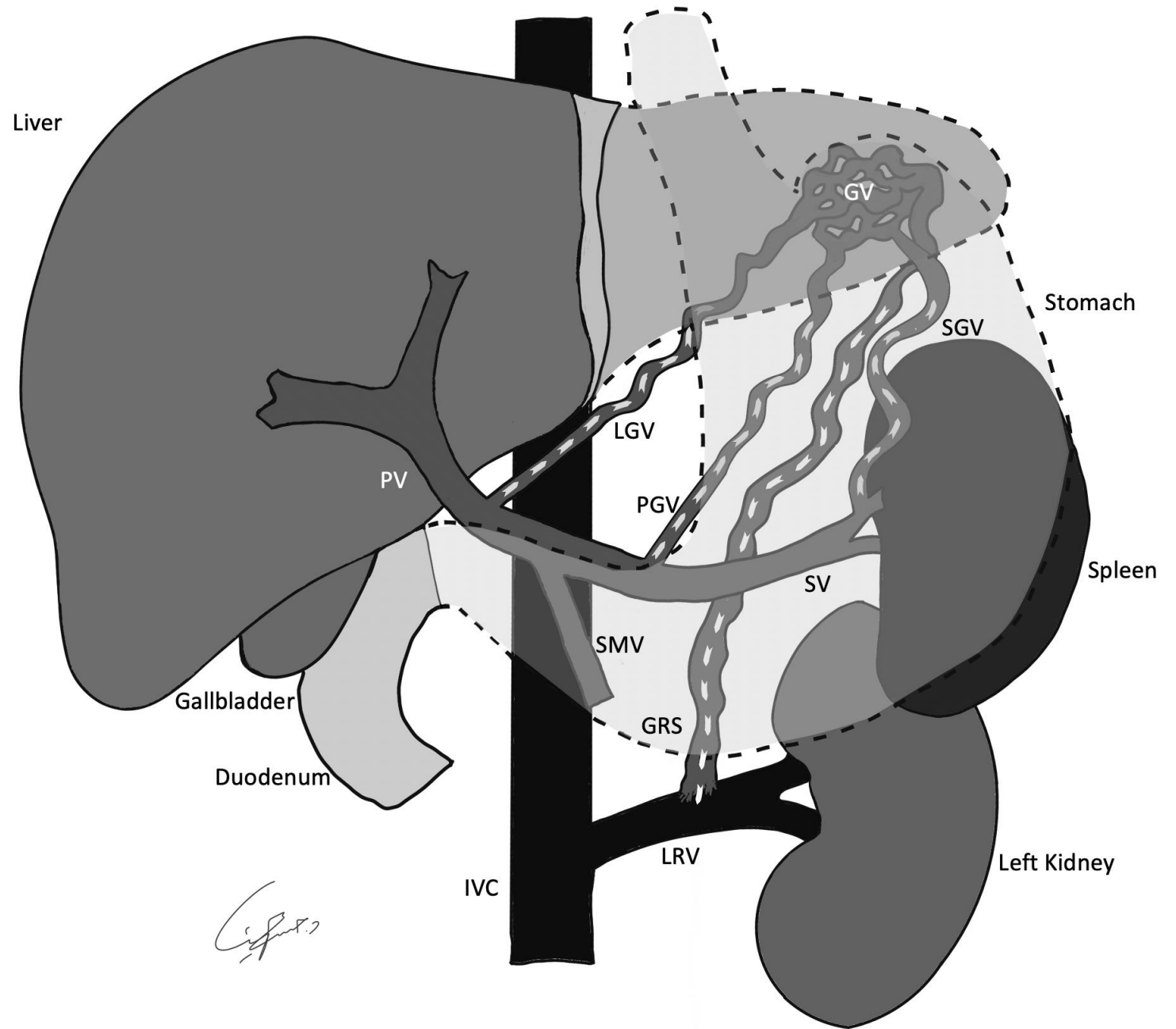
- Band
- Glue/thrombin
 - Preference/safety?
 - Shortage of histoacryl
- SBT/Danis Stent
 - discuss
 - Re-look
- Then what?

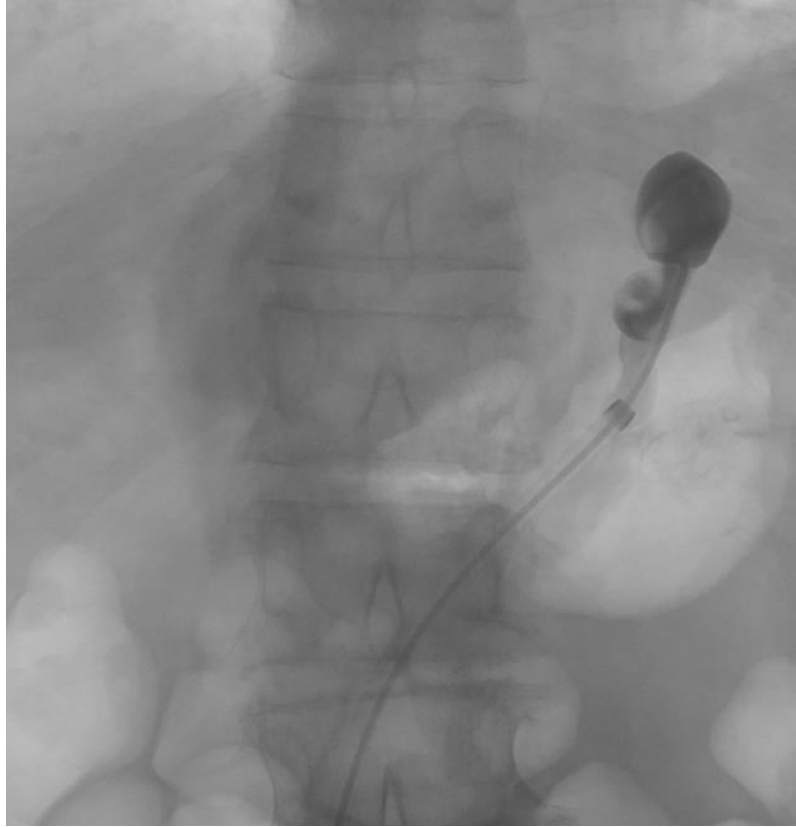
Plea!



- Varices *with* a splenorenal shunt
- Varices *without* a splenorenal shunt
- Ectopic varices

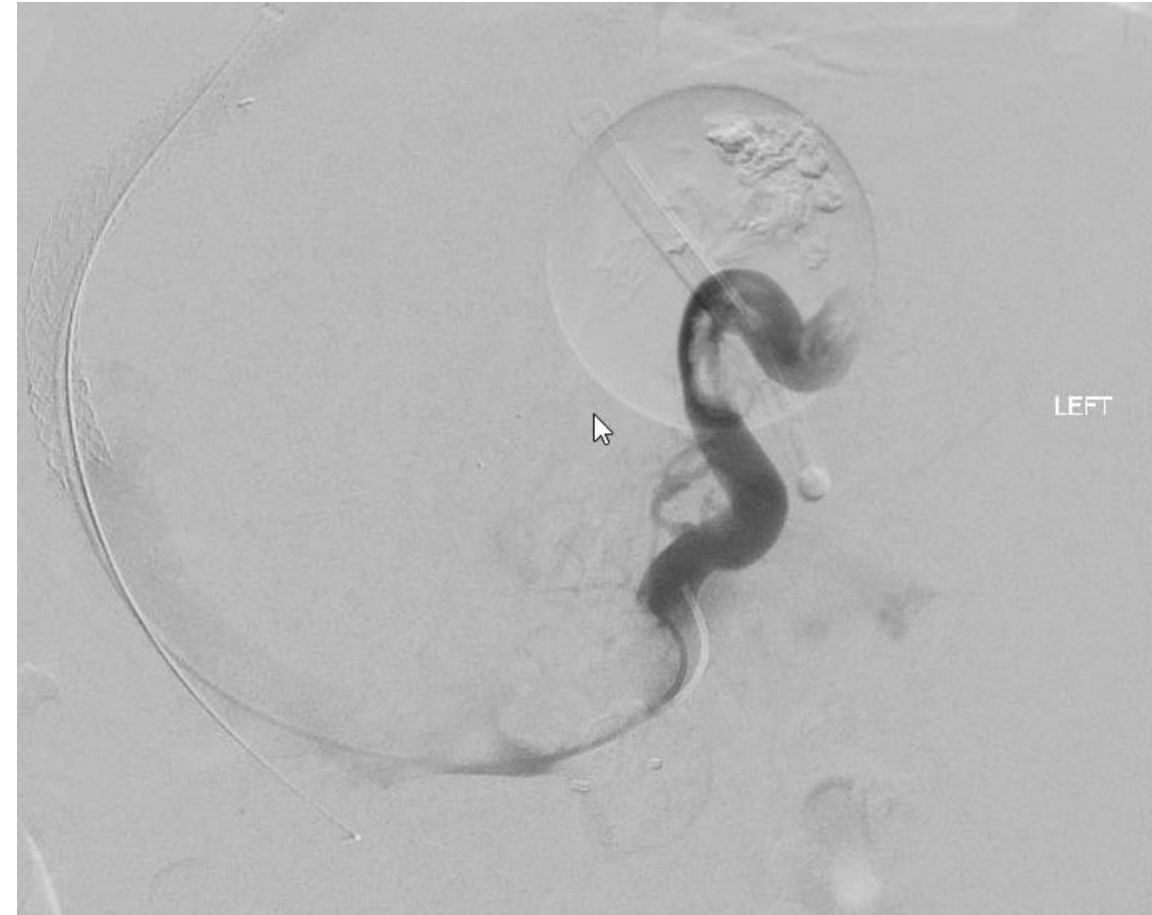
GOV2 & IGV1



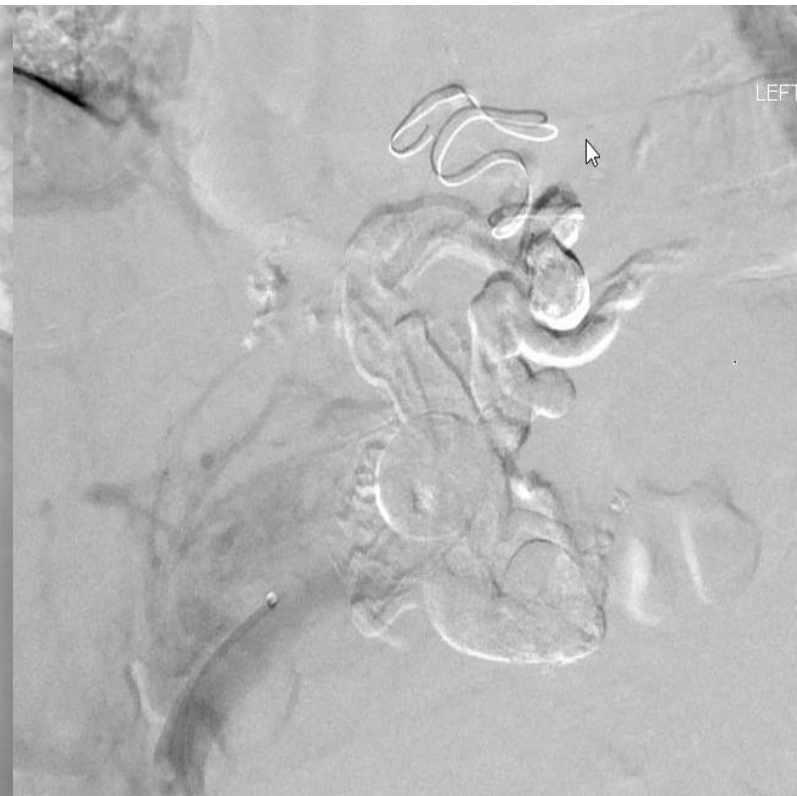
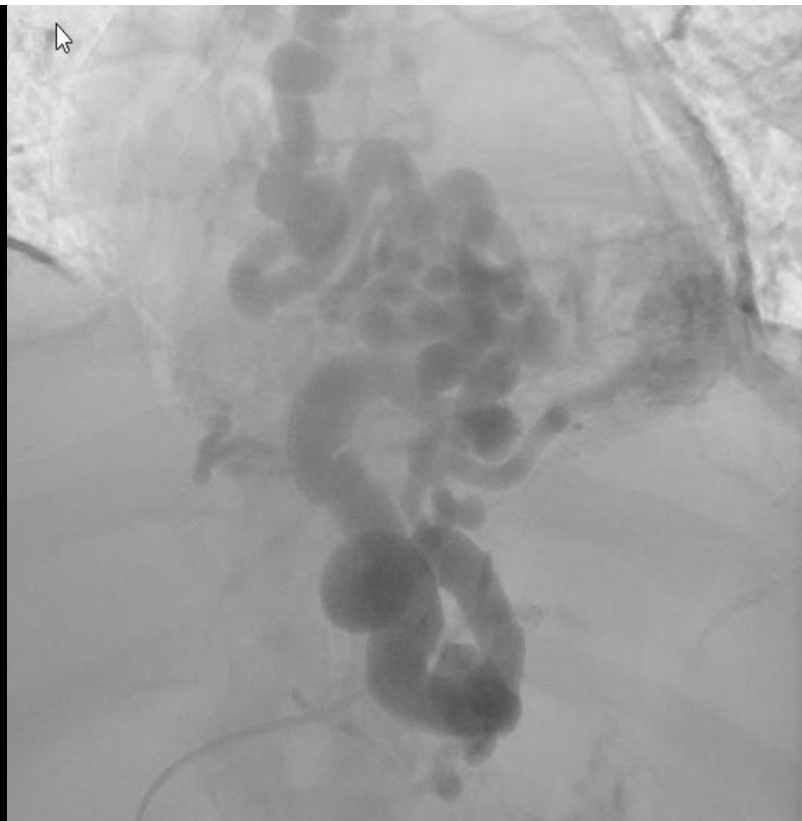
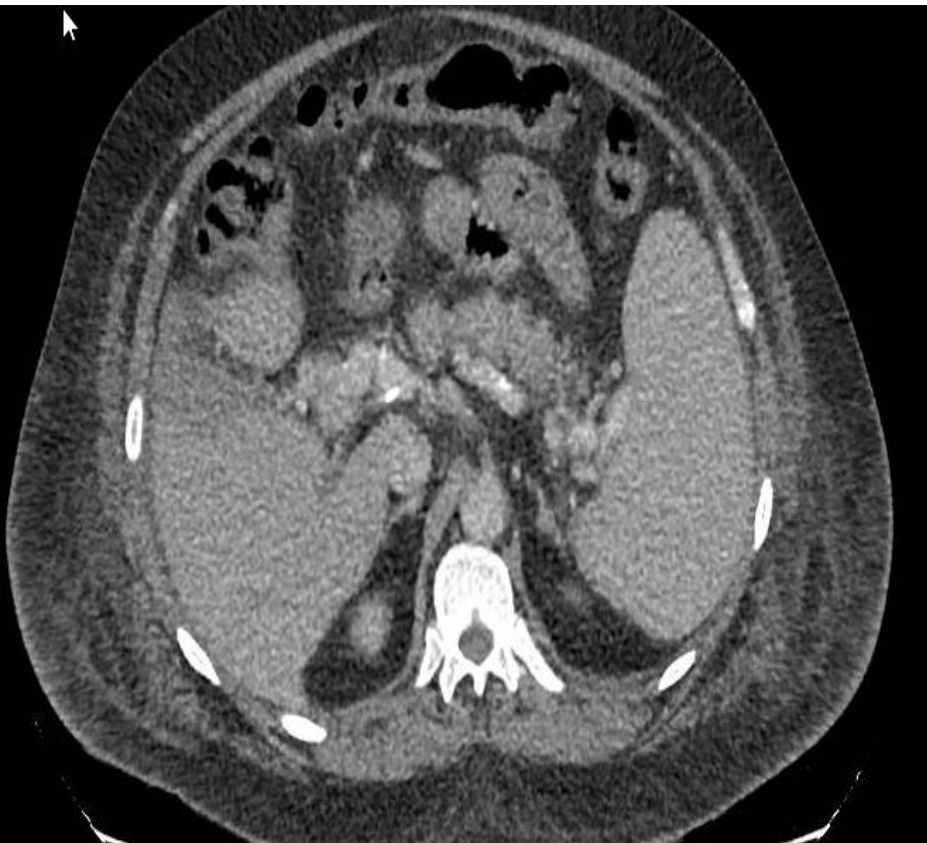


BRTO

Plug assisted (PVT overcall on CT)



Transsplenic embolisation



ectopic varices

Not infrequent-partic if post surgery PVT

(post pancreatic surgery, inflammatory bowel disease, segmental portal hypertension)

Need ALL skills

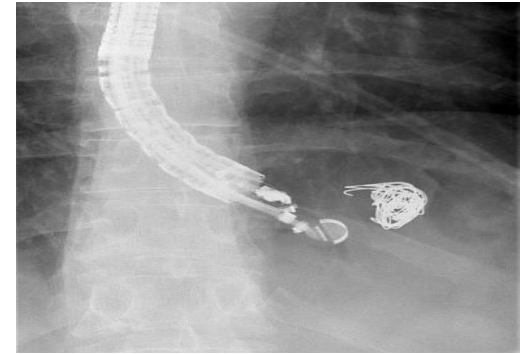
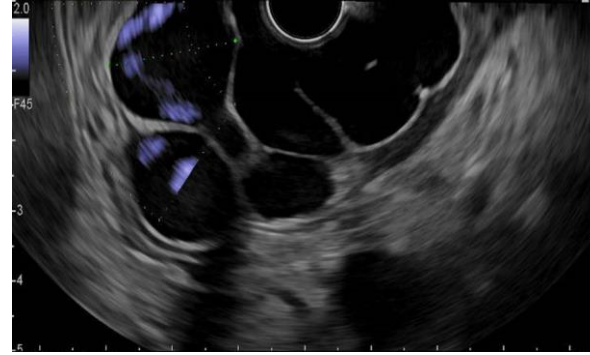
- OGD

- Imaging

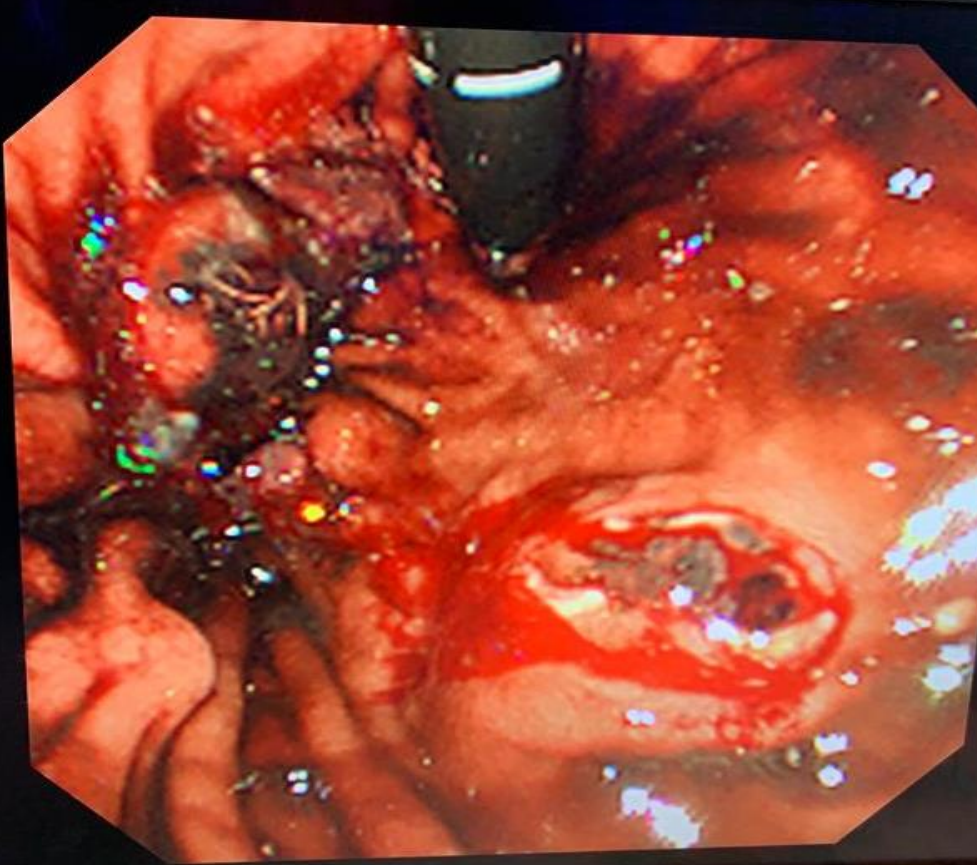
- DBE-then therapy

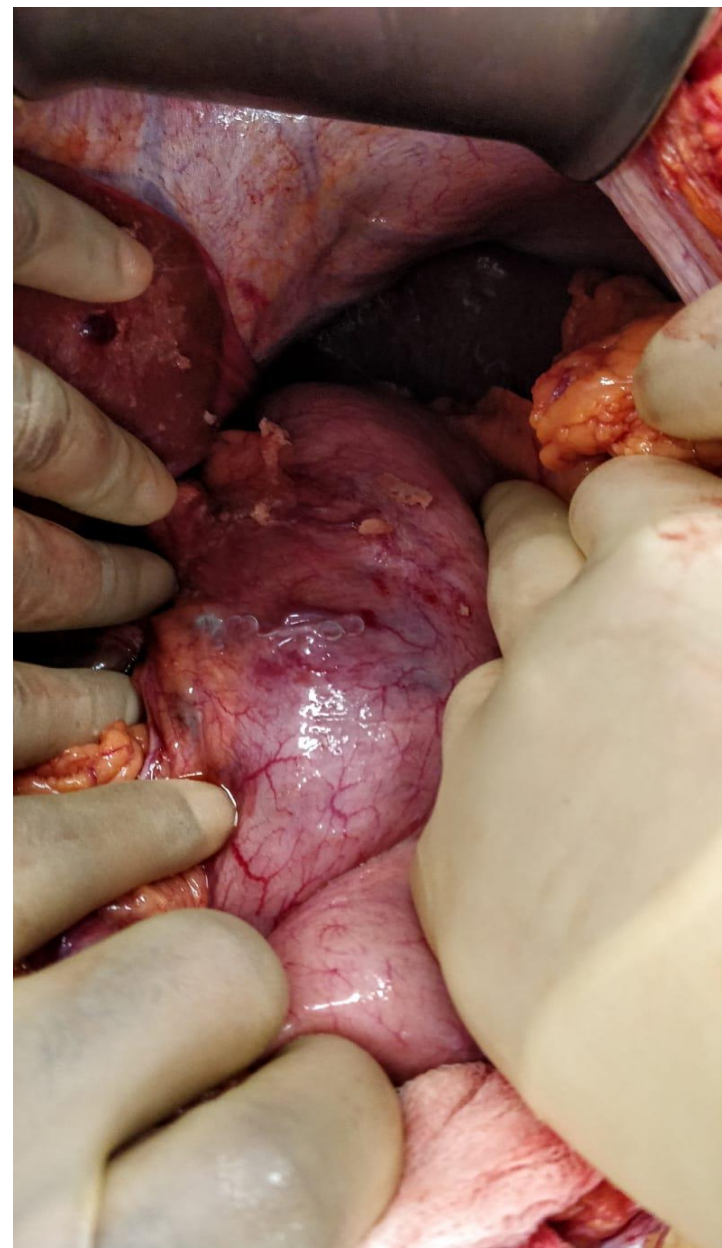
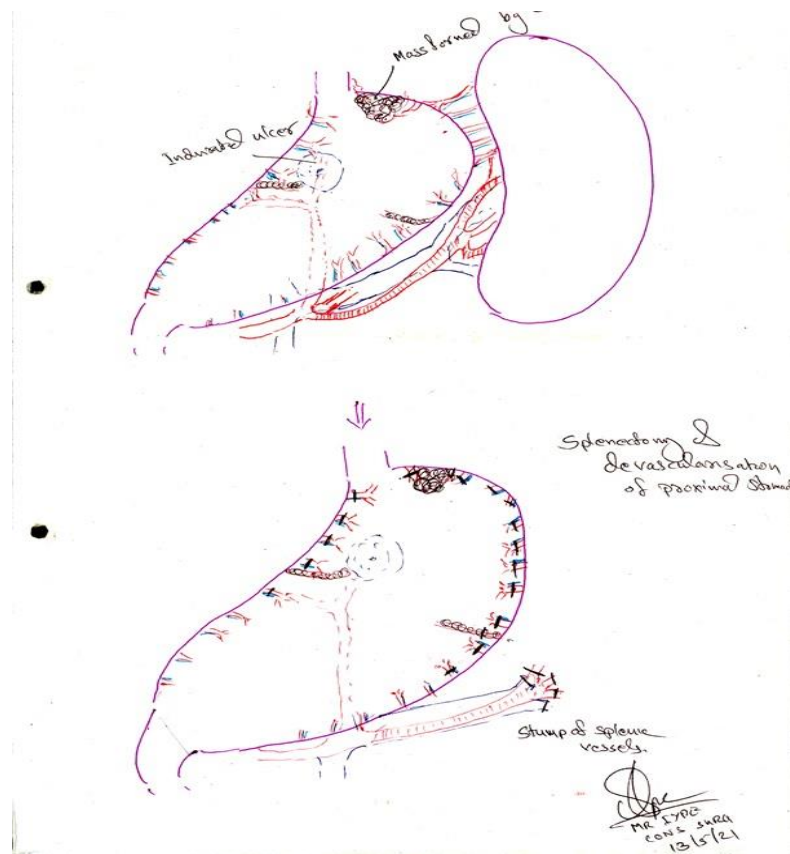
- EUS guided coil/glue therapy





When banding/radiology hasn't worked





Surgical intervention

- We still need our surgeons
- Splenectomy/gastric de-vascularization may be life saving
- Require knowledge geographically who can do this
 - Trying to establish "network" in UK

Secondary prophylaxis

- Banding plus beta blockers
- Don't over-band!
 - 2-3 sessions
 - Don't stop anticoagulation (Baveno7)
 - Less confident if gluing

Vascular hubs (Hep/IR/Surg)

- Critical is communication
- IEP
- Local networks of interested clinicians