

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



David patch  
Royal Free Hospital

- No!
- Bleed less, often with long periods inbetween 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)
  - Cytoreduction/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

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

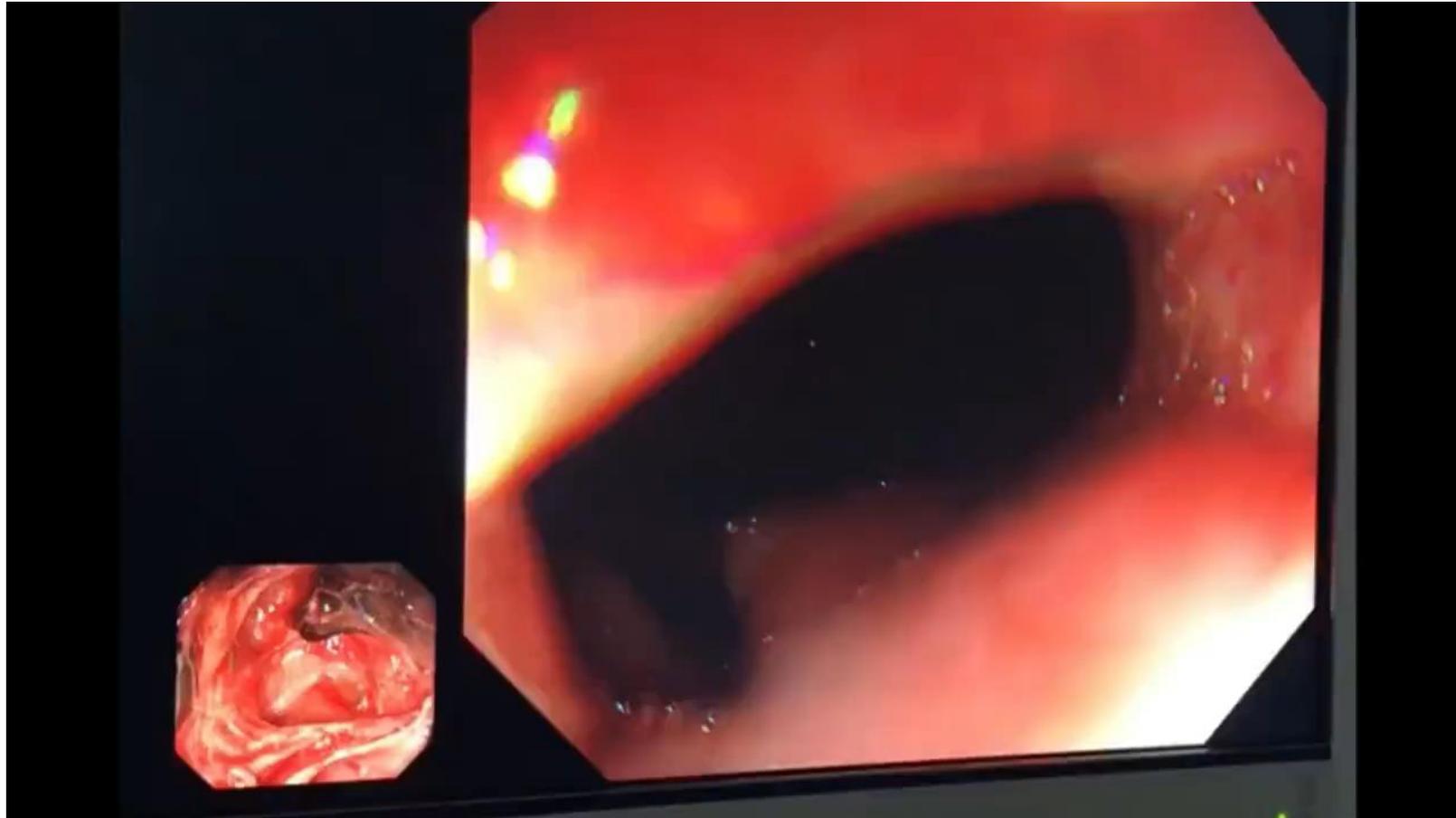
# The acute bleed

- 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

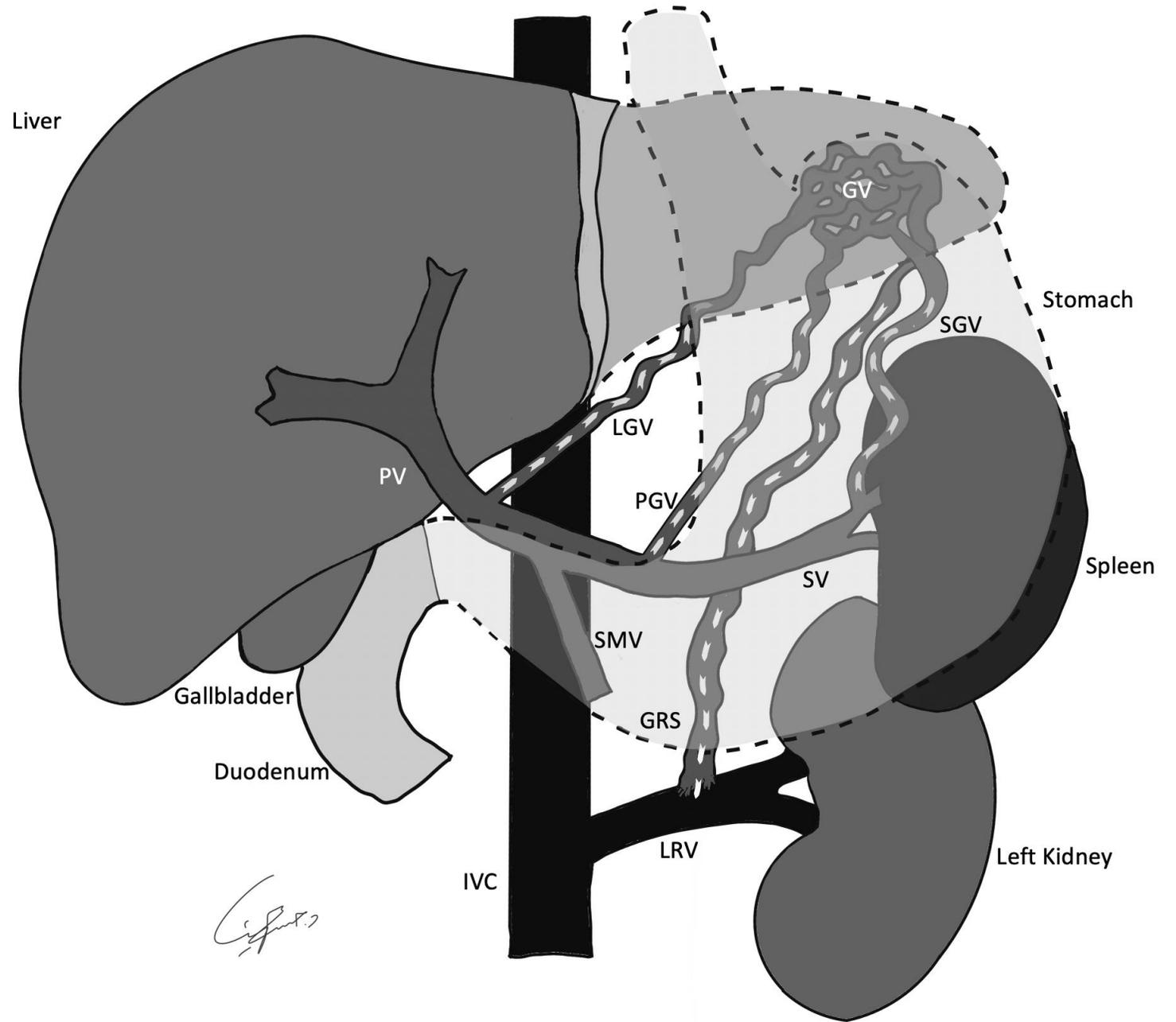
- Band
- Glue/thrombin
  - Preference/safety?
  - Shortage of histoacryl
- SBT/Danis Stent
  - discuss
  - Re-look
- Then what?

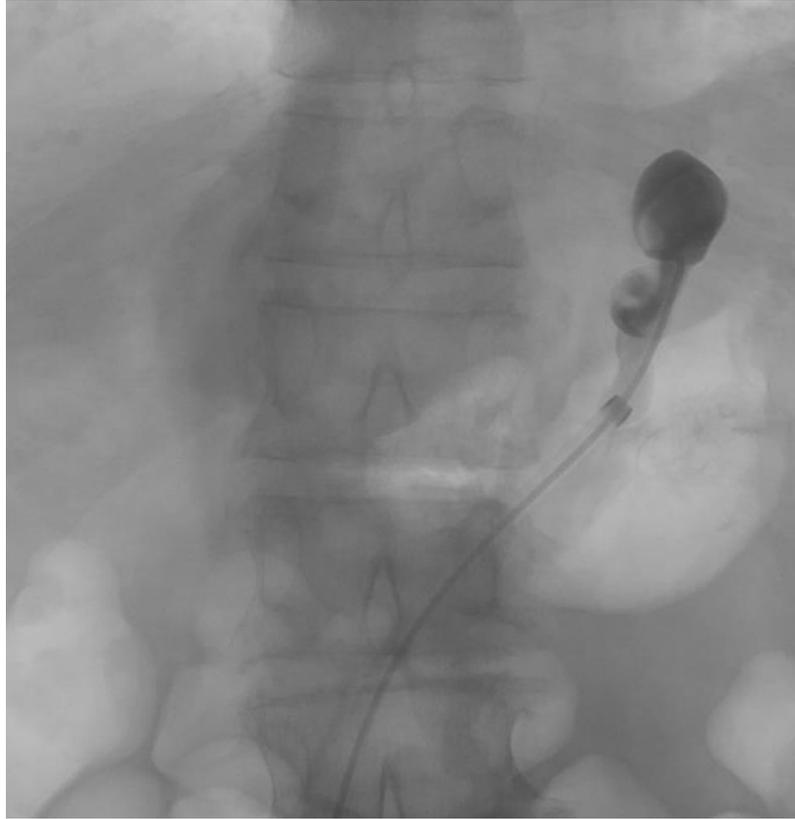
Plea!



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

# GOV2 & IGV1

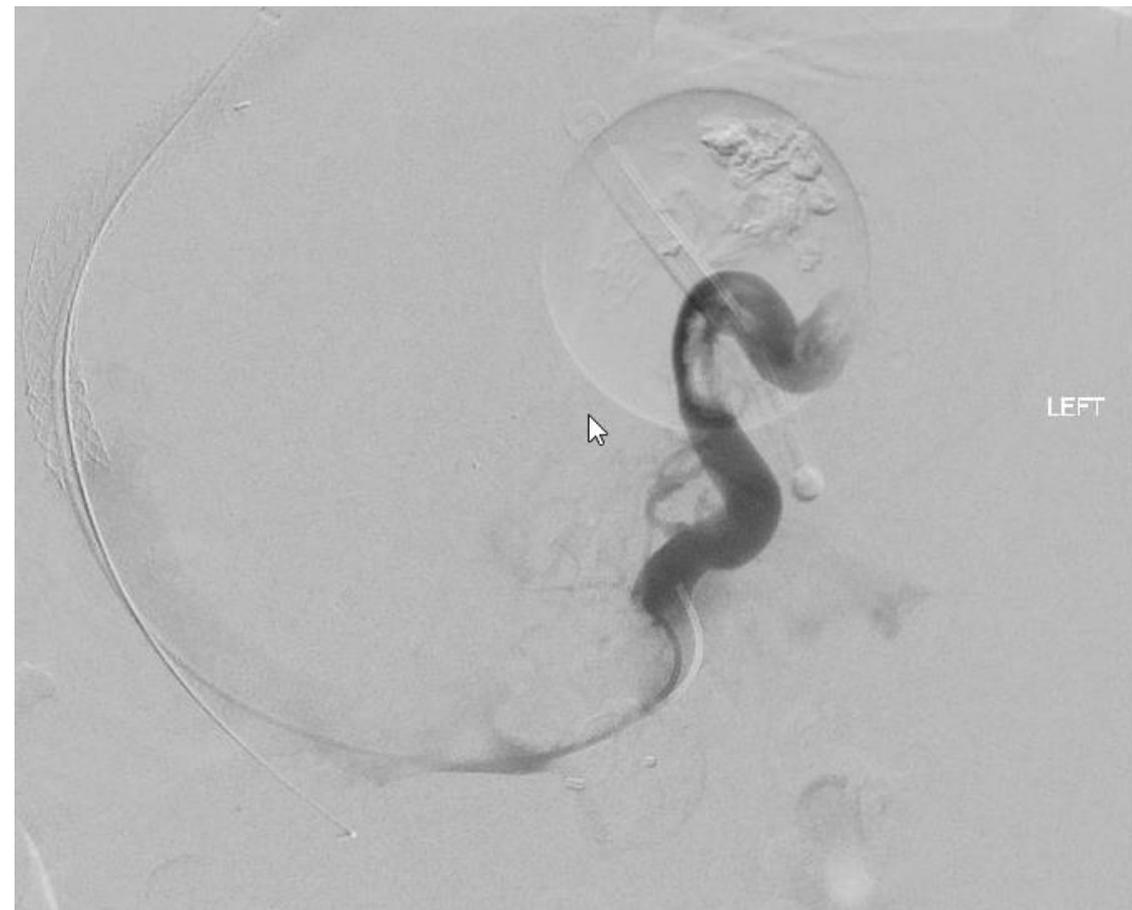




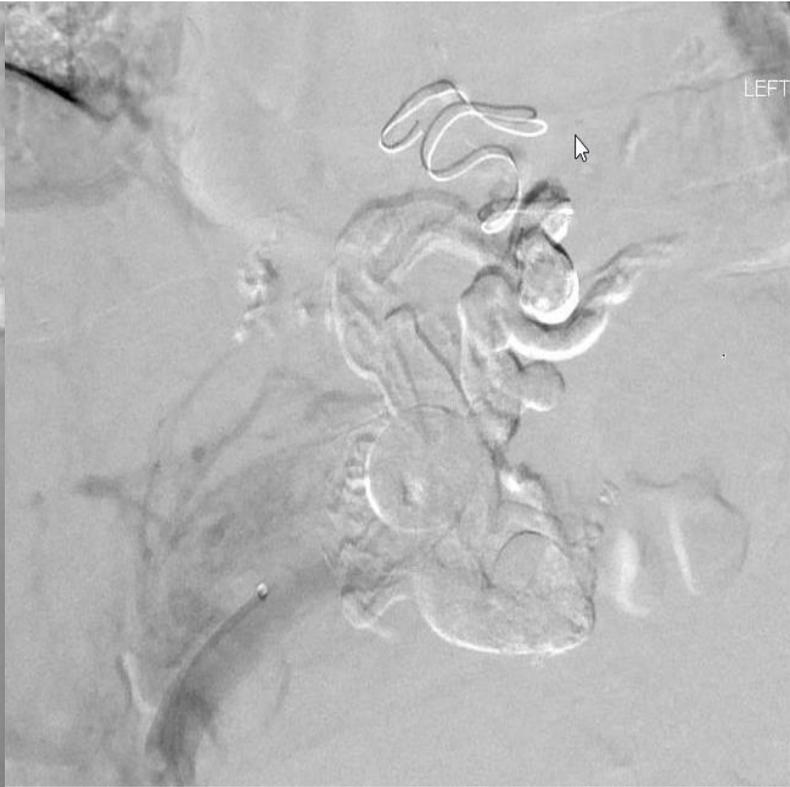
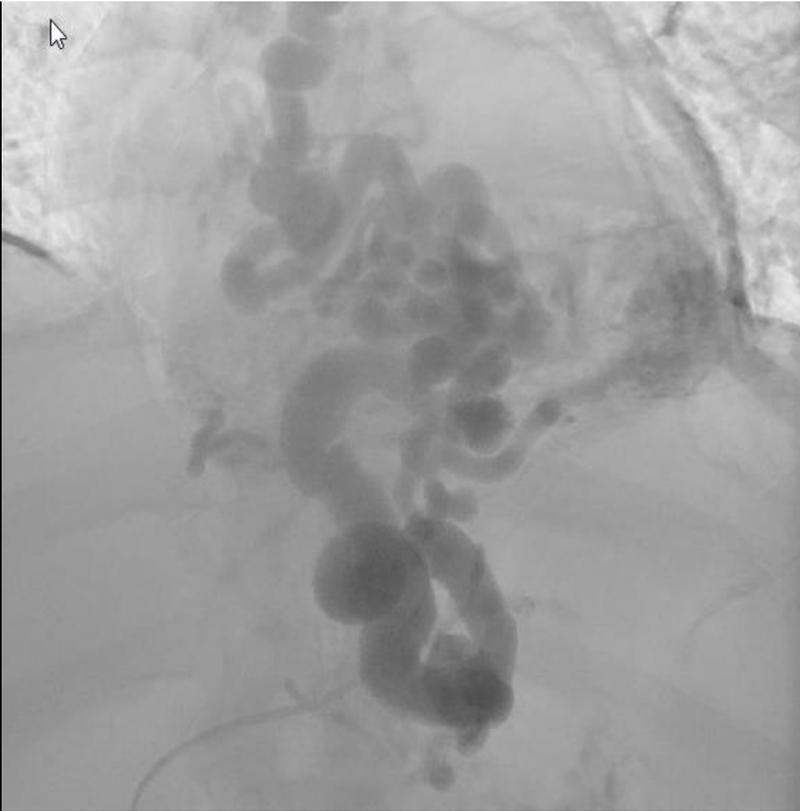
BRTO

---

# 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

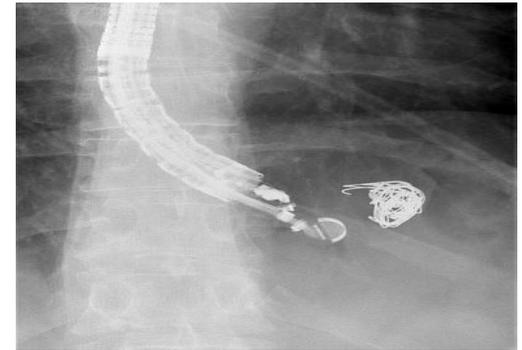
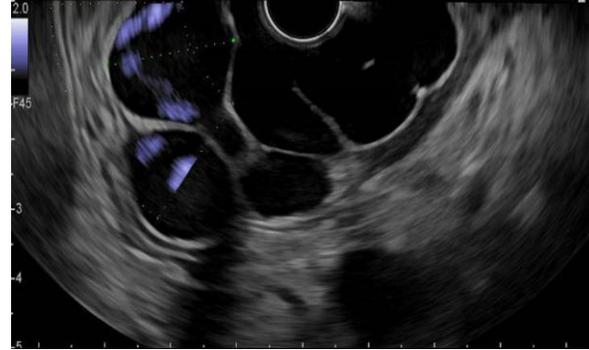
OGD

Imaging

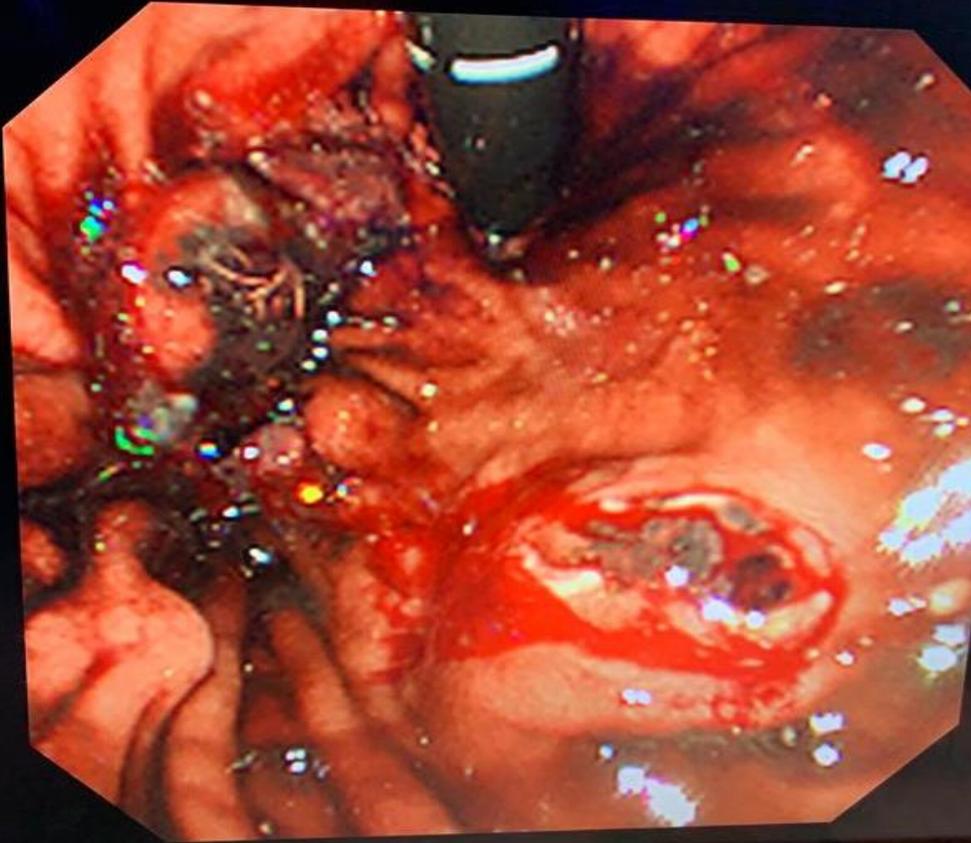
DBE-then therapy

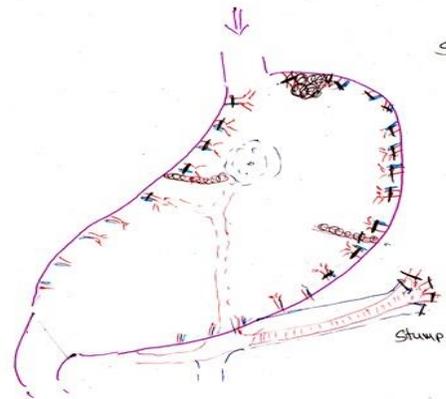
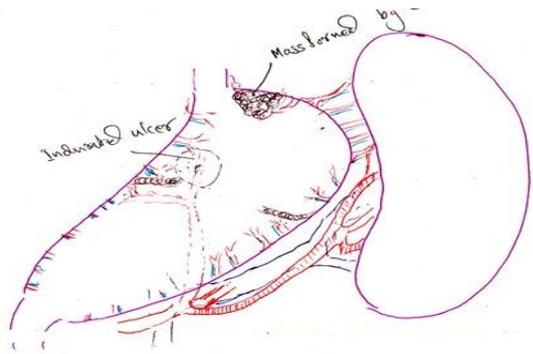
EUS guided coil/glue therapy





When banding/radiology hasn't worked

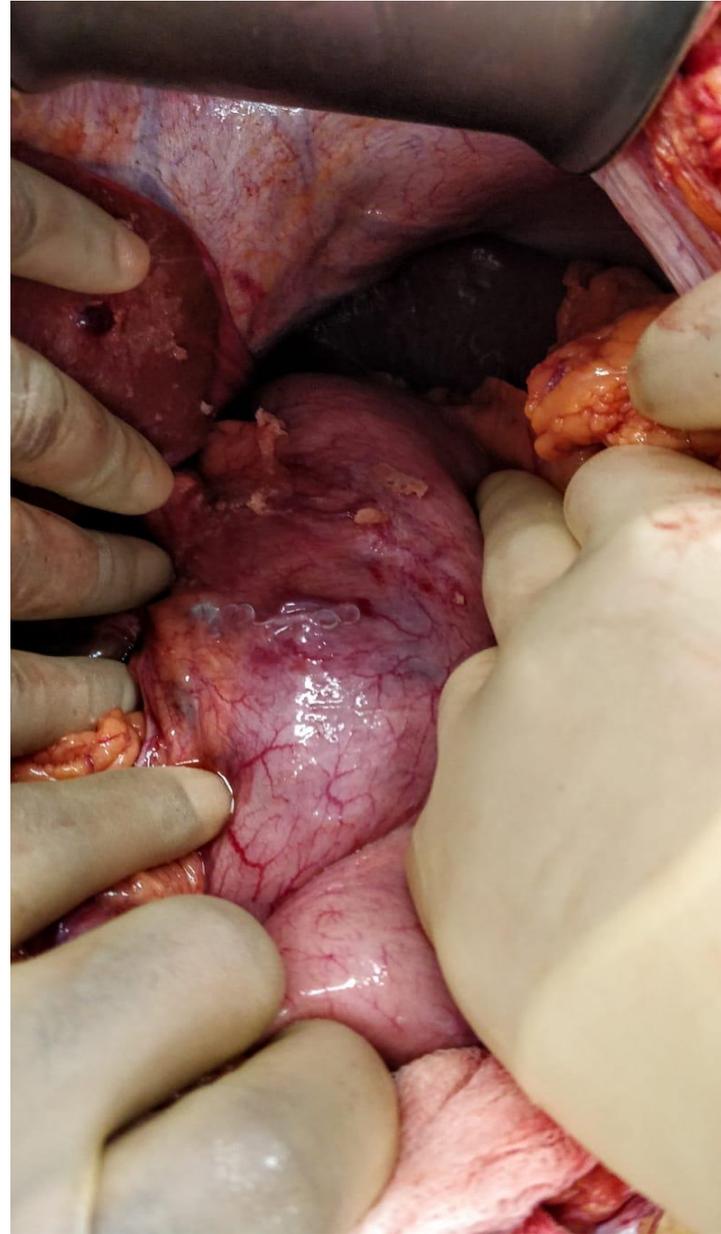




Splenectomy &  
devascularisation  
of proximal stomach

Stump of splenic  
vessels

*[Signature]*  
MR 1702  
CONS SURG  
13/5/21



# 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