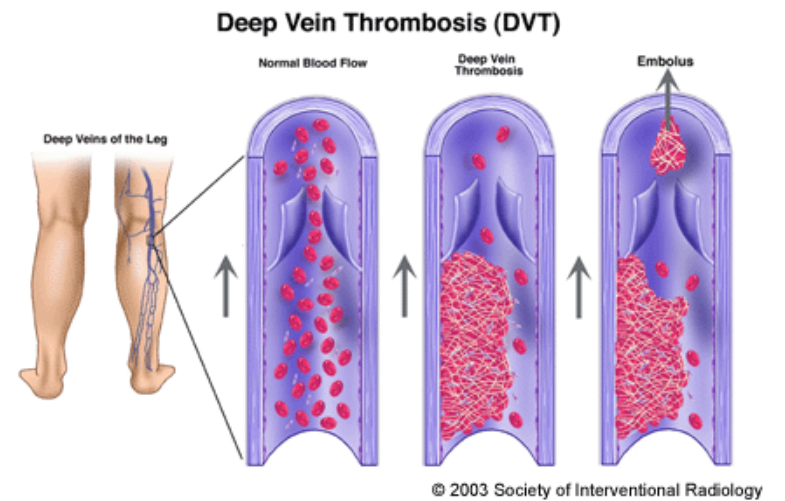
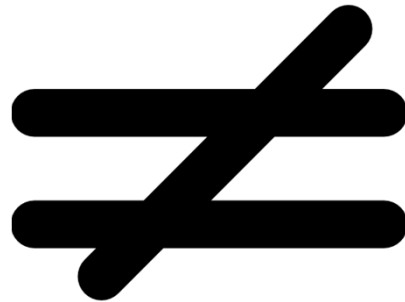
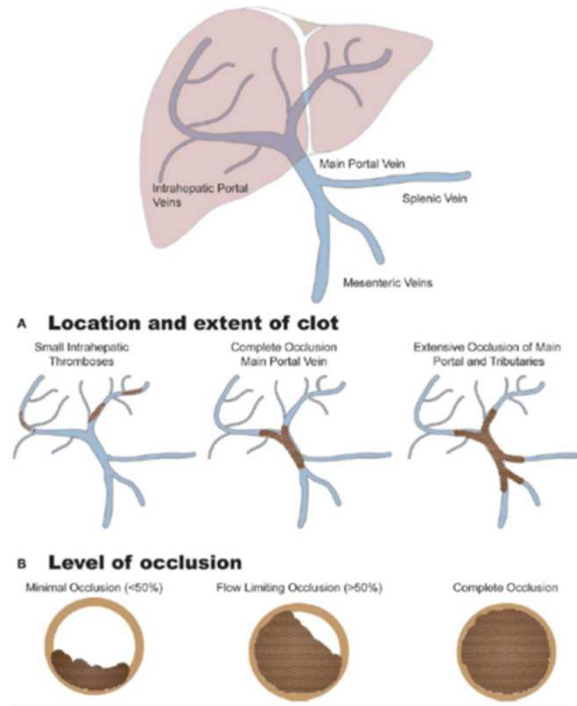


Hemostatic differences between the portal and systemic circulation

Ton Lisman, Department of Surgery, UMC Groningen, The Netherlands



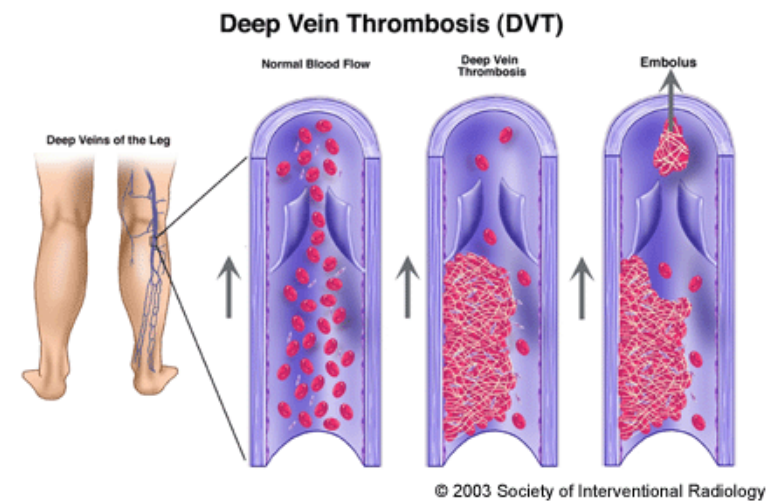
Changing insights in the pathogenesis of portal vein thrombosis



Unique characteristics of the portal vein

The portal vein drains blood to the liver

The portal vein lacks venous valves



Hypercoagulability and DVT

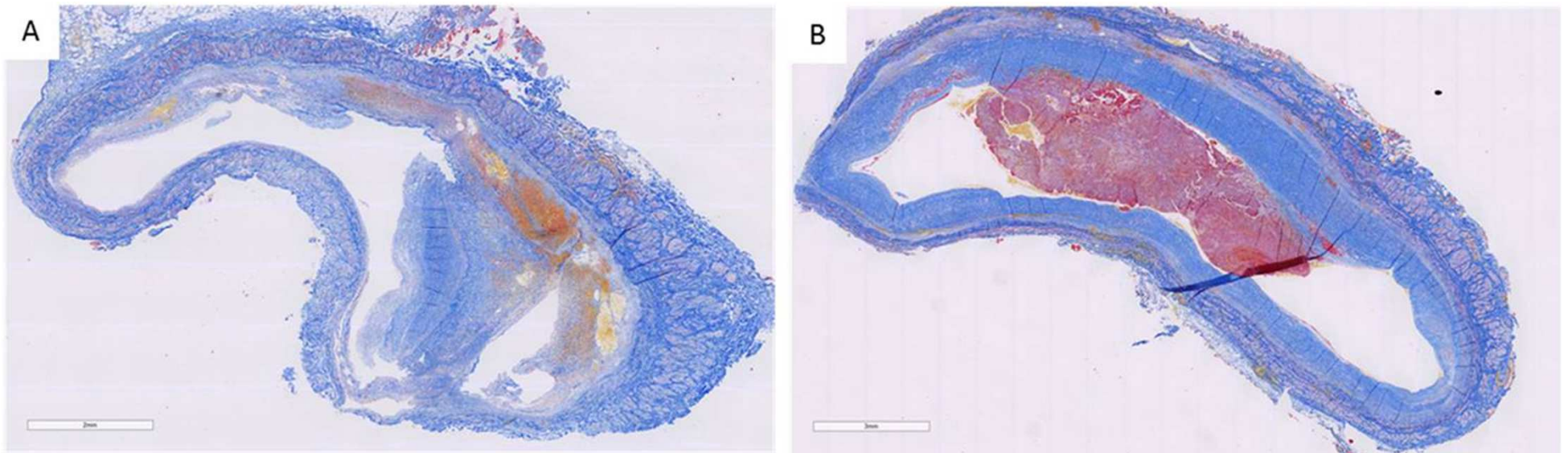
Hypercoagulability is a well-established risk factor for development of DVT

- Acquired & hereditary hypercoagulable states
 - Blood type
 - FVleiden, prothrombin G20210A, AT deficiency.....
 - High levels of coagulation factors
 - Hypofibrinolysis
 -

Hypercoagulability and PVT

- The role of hypercoagulability in the development of PVT is unclear and challenged in a recent prospective study (*J Hepatol. 2021 Dec;75(6):1367-1376*)
- Contradictory data on FVLeiden and prothrombin G20210A
- Blood type is not a risk factor for PVT development (*Liver Int. 2020;40(6):1415-1426*)

Is PVT really a thrombotic phenomenon?



MSB-stained sections. Collagen – blue; RBC's – yellow; fibrin – orange/red

Gut, 1961, 2, 310

Changes in the portal and splenic veins in portal hypertension and their relation to splenomegaly¹

JOHN B. WILSON

From the Department of Pathology, University of Edinburgh

SYNOPSIS This paper is a pathological study on the portal veins demonstrating that the changes in the portal circulation and in the spleen reflect the degree or duration of portal hypertension.



FIG. 1. A normal portal vein. (Weigert and van Gieson. $\times 220$.)

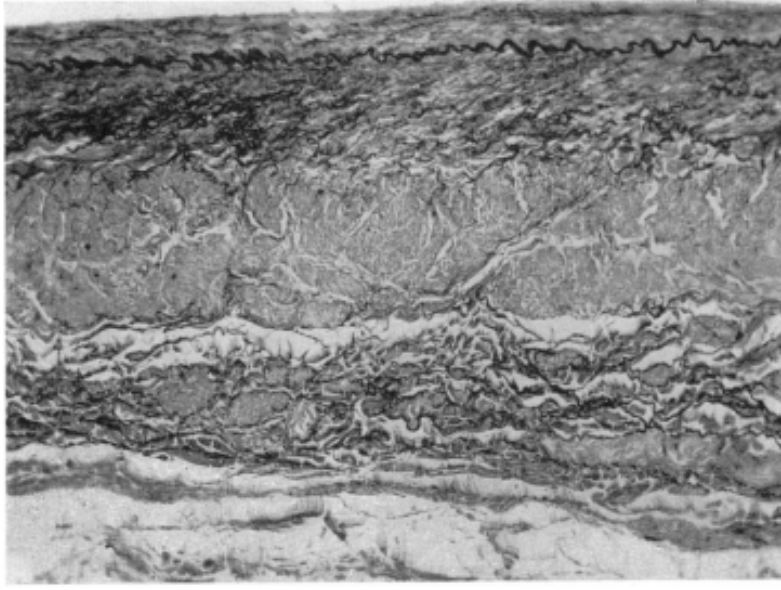


FIG. 3

FIG. 3. Portal vein, group III, with more marked hypertrophy of the muscular coats and definite, usually diffuse, intimal thickening. (Weigert and van Gieson. $\times 80$.)

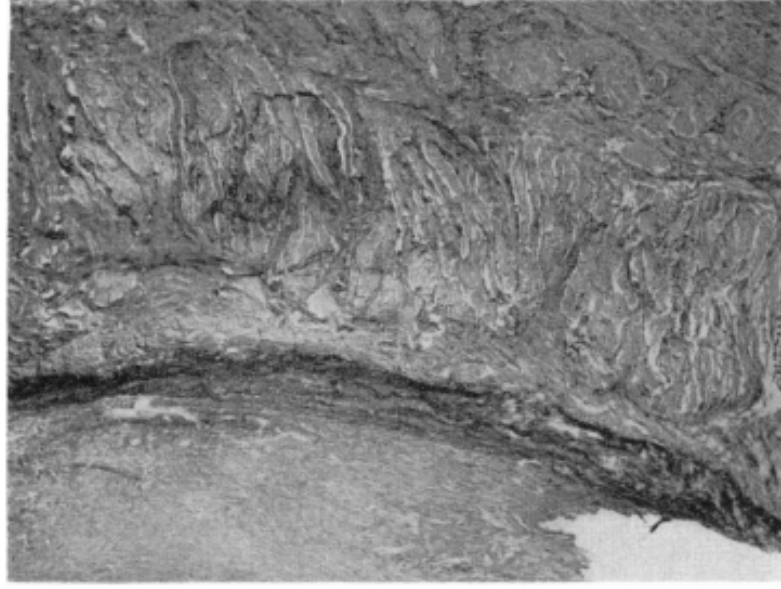
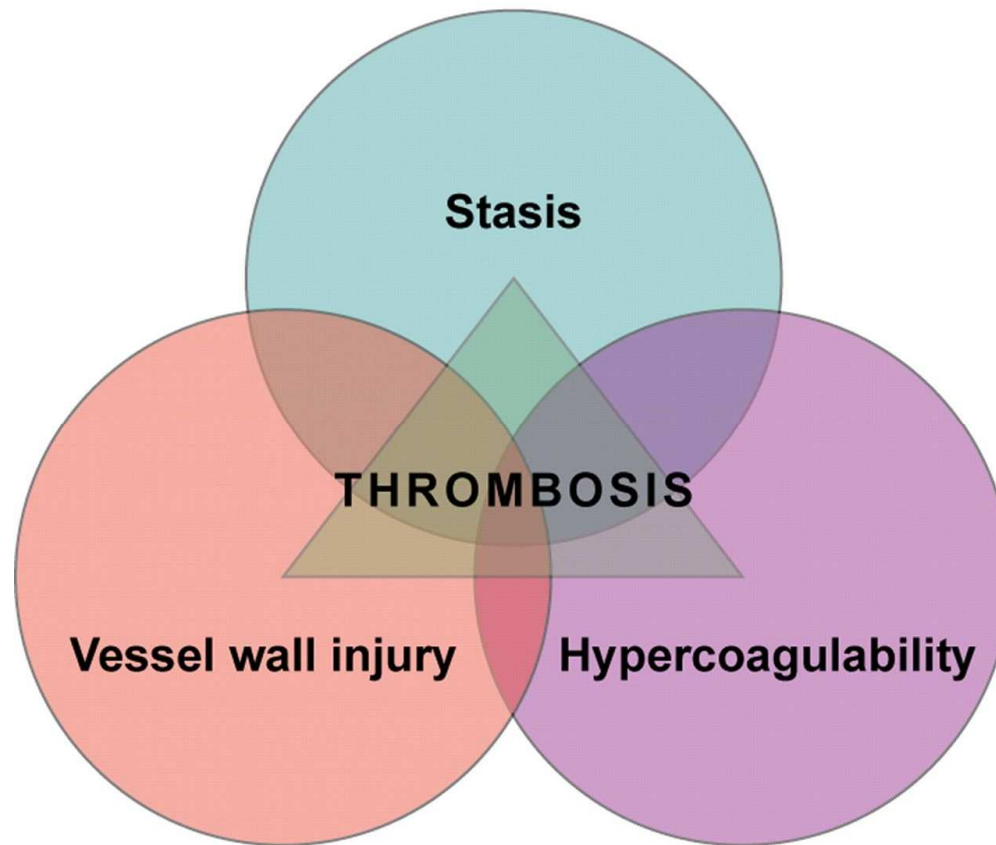


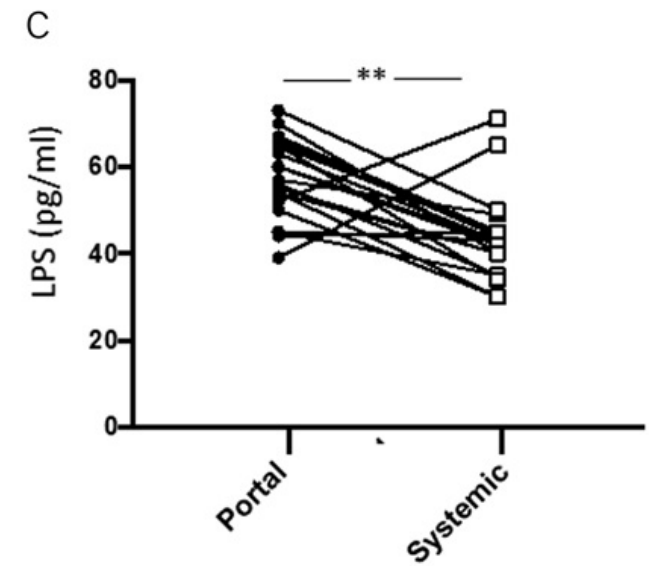
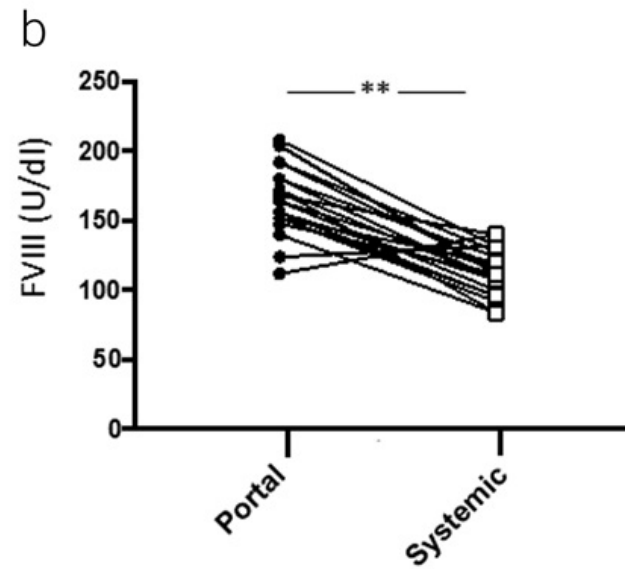
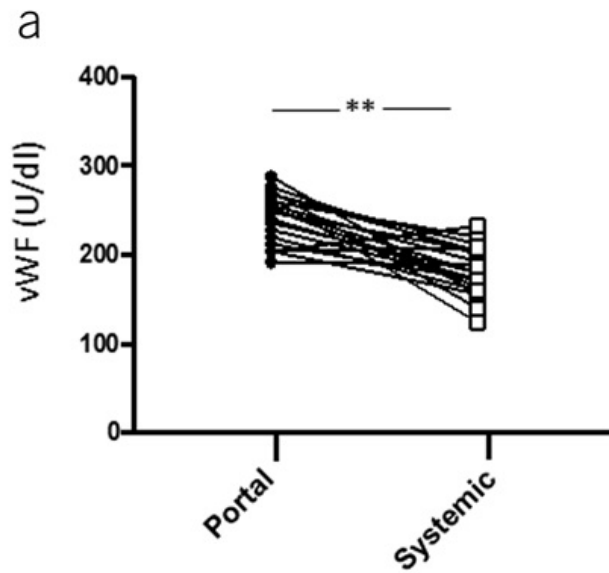
FIG. 4

FIG. 4. Portal vein, group IV, showing well-marked intimal thrombosis superimposed on the changes noted in group III. (Weigert and van Gieson. $\times 15$.)

Does a hypercoagulable environment in the portal vein contribute to PVT development?



Does a hypercoagulable environment in the portal vein contribute to PVT development?



Comparative study of coagulation and thrombin generation in the portal and jugular plasma of patients with cirrhosis

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Endothelial Damage of the Portal Vein is Associated with Heparin-Like Effect in Advanced Stages of Cirrhosis

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Paolo Simioni^{2,*} Elena Campello² Luca Spiezia² Sabrina Gavasso²
Romilda Cardin¹ Francesco D'Amico³ Enrico Gringeri³ Umberto Cillo³
Michele Battistel⁴ Alberto Zanetto¹ Alessandro Ruzzarin¹ Patrizia Burra¹

Ongoing Prothrombotic State in the Portal Circulation of Cirrhotic Patients

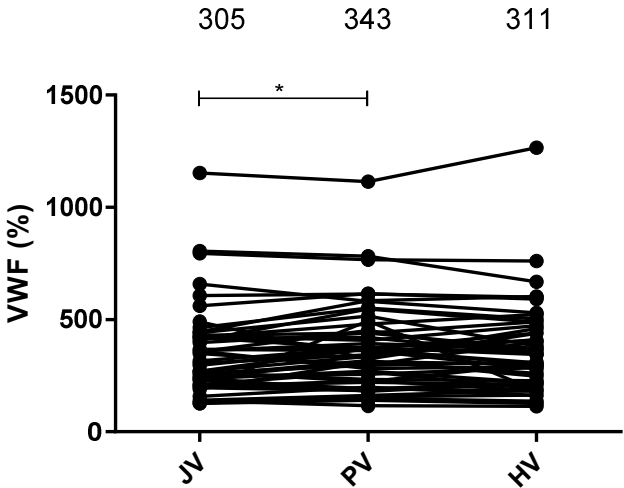
Francesco Violi¹, Domenico Ferro¹, Stefania Basili¹, Raffaella Lionetti²,
Elisabetta Rossi¹, Manuela Merli², Oliviero Riggio², Mario Bezzi³, Livio Capocaccia²

From the ¹Istituto I Clinica Medica, ²Il Cattedra di Gastroenterologia, ³Istituto di Radiologia, Università "La Sapienza", Rome, Italy

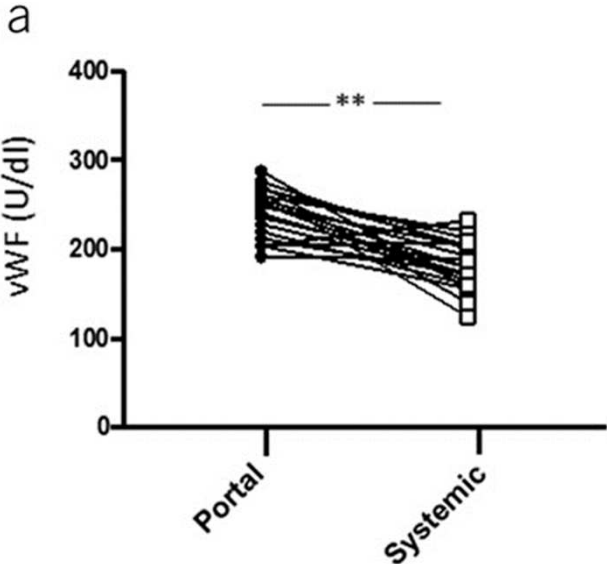
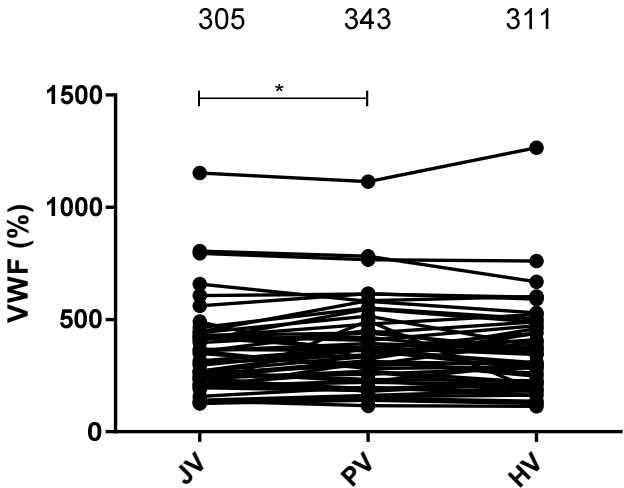
Since the liver clears markers of hypercoagulability,
sampling sites may be relevant

- 51 patients with cirrhosis undergoing TIPS at Hospital Clinic Barcelona
 - Portal vein
 - Hepatic vein
 - Jugular vein

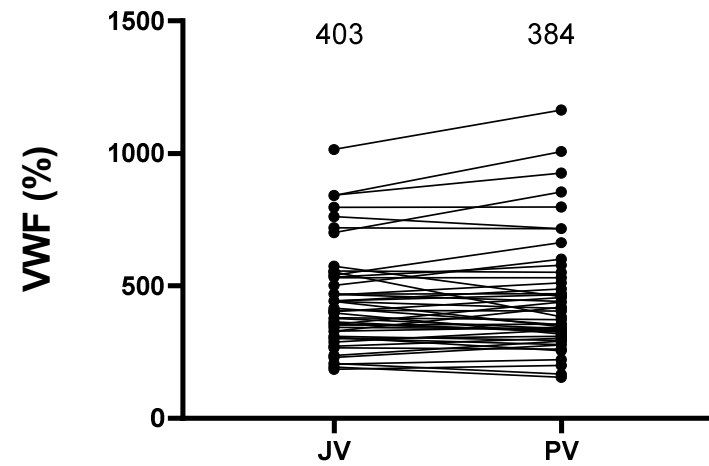
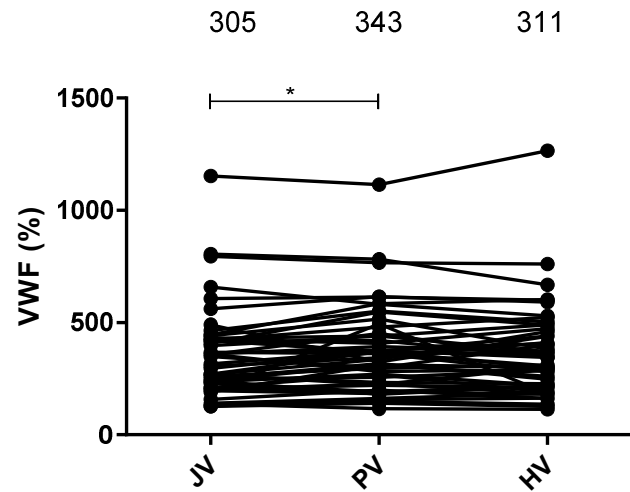
VWF in the portal circulation



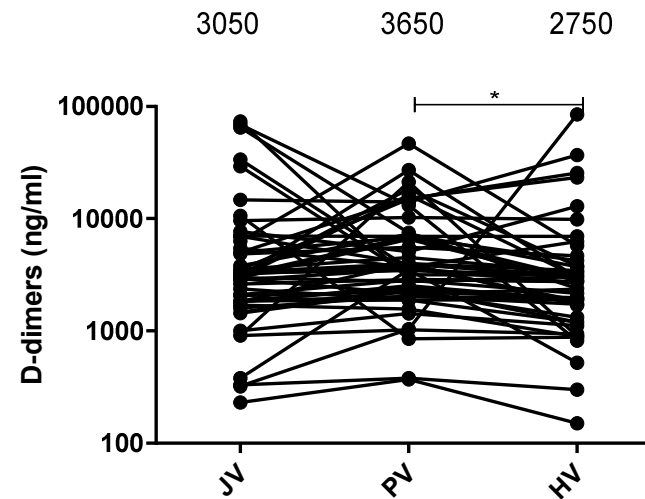
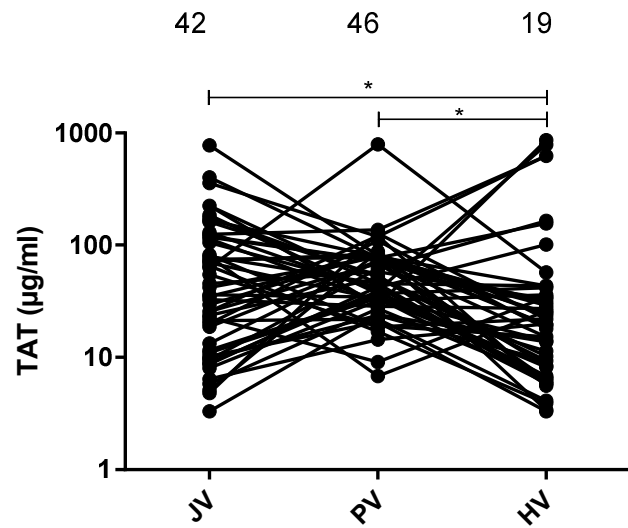
VWF in the portal circulation



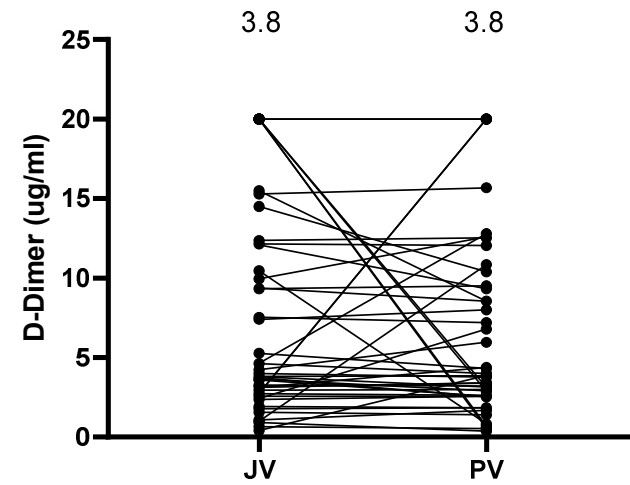
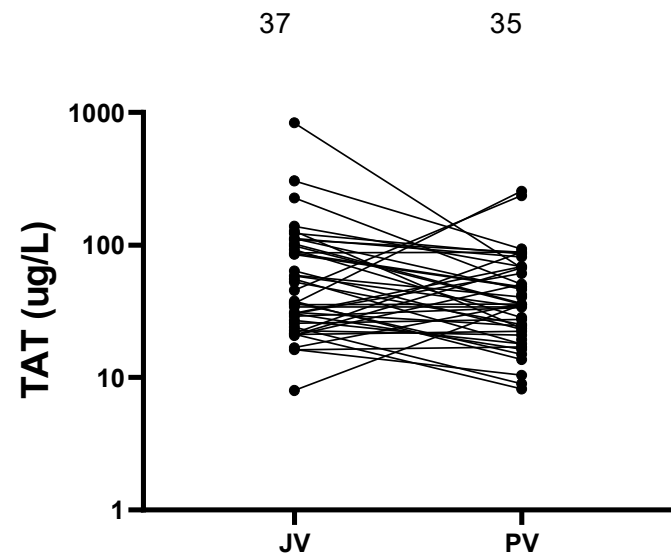
Confirmation in independent 47 patient cohort



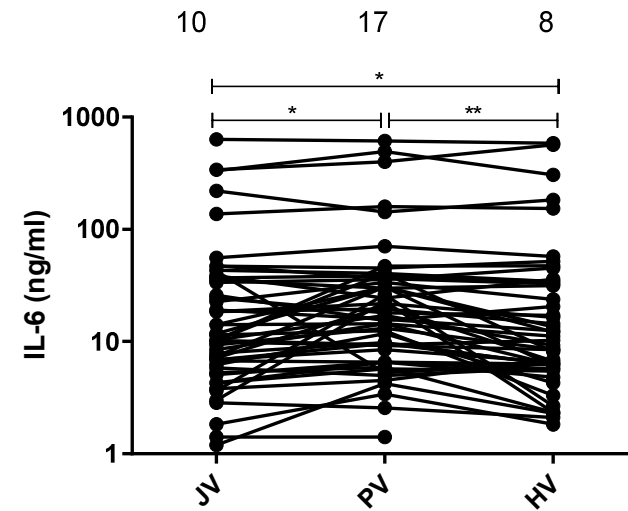
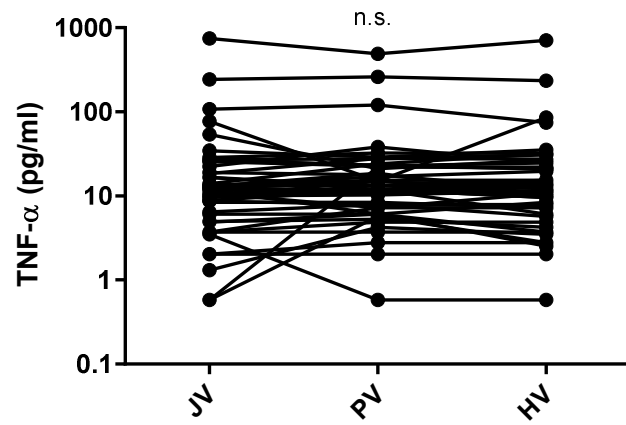
Thrombin generation and fibrin breakdown in the portal circulation



Confirmation in independent cohort



Inflammation in the portal circulation



Conclusions

- In contrast to previously published data, we find no clear hypercoagulable phenotype in the portal vein
- Confirmed in an independent cohort (unpublished)
- The differences between our results and those of others may relate to
 - Patient characteristics (including etiology of disease and clinical status)
 - Blood sampling techniques
 - The timing of sampling during the TIPS procedure

Acknowledgements



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Jelle Adelmeijer, Robert Porte



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Constantino Fondevila



Vishal Patel, William Bernal, Yoh
Zen