

New Approach for Portal Vein Thrombosis Management with Endovascular Procedure during Orthotopic Liver Transplantation

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Abstract

Portal vein thrombosis (PVT) is present in around 10% of transplant candidates, but its conduct still remains a challenge in liver transplantation (LT). Therefore we present an innovative and less invasive option for PVT management, exemplified through an endovascular procedure realized in a patient with Yerdel type III PVT and splenorenal shunt during an orthotopic liver transplantation (OLT).

Keywords: Portal Vein Thrombosis; Endovascular Procedure; Orthotopic Liver Transplantation

Abbreviations: LT-Liver Transplantation; MELD-Model for End-stage Liver Disease score; OLT-Orthotopic Liver Transplantation; PVT-Portal Vein Thrombosis.

Introduction

Portal vein thrombosis (PVT) management still remains a challenge in liver transplantation (LT), and until recently it was a formal impairment for LT. When associated with splenorenal shunt it turns the transplant into a more complicated procedure considering the technical complexity [1,2]. Many surgical techniques have been proposed, such as thrombectomy, splenectomy, renal vein ligation, left gastric vein anastomosis, shunt ligation and more complex procedures like hemitransposition and even multi-visceral transplantation depending on the grade of thrombosis [1,2,3].

We present a case report of a liver transplant patient with both PVT and splenorenal shunt that was managed successfully with an intra-operative endovascular procedure.

Case report

A 57 year old male patient presented with alcoholic cirrhosis, overt frequent encephalopathy, and splenorenal shunt. The Child-Turcotte-Pugh score was 8 (grade B) and the model for end-stage liver disease score (MELD) score was 13. The patient underwent orthotopic liver transplantation (OLT) with MELD exception condition due to encephalopathy. During surgery, a type III (Yerdel-table 1) PVT was identified and a partial thrombectomy was performed [4]. After the portal vein construction, we observed a weak flow. Ligation of the splenorenal shunt was realized and a deficient reperfusion persisted. The superior mesenteric vein was dissected and a stent was inserted into the portal vein by the endovascular team. The figure below shows portal vein hypoplasia (Figure 1a), the balloonization procedure (Figure 1b) and the metallic stent insertion, which led to an adequate liver reperfusion (Figure 1c).

Patient recovery progressed well and after 8 days the patient was discharged with medication and antiplatelet aggregation therapy with follow-up in the outpatient clinic. A computed tomography control 3 months after transplant, confirmed a good flow and patency of the stent and portal vein.

Discussion and Conclusion

After extent search through Pubmed, the conclusion was that this exact procedure at the moment of the orthotopic liver transplantation (OLT) was not found to have been realized. Therefore, this strategy is a

Table 1: Portal vein thrombosis classification (Yerdel) [4]

	Extension	Obstruction of the superior mesenteric vein
Grade I	<50%	± minimal obstruction
Grade II	50-100%	± minimal obstruction
Grade III	100%	Proximal
Grade IV	100%	Distal

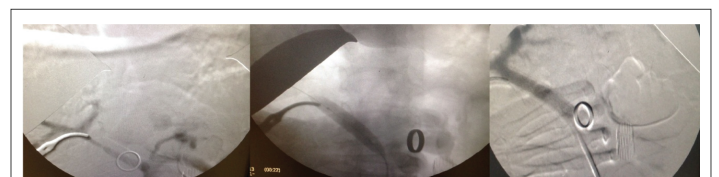


Figure 1: (a). Portal vein hypoplasia, (b). Balonization procedure, (c). Portal vein metallic stent.

breakthrough in the area and can become a new path to treat low portal vein flow due to hypoplasia combined with portal vein thrombosis and a splenorenal shunt during orthotopic liver transplantation (OLT).

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