Clinical courses of portal vein thrombosis (PVT) in children

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Introduction :

PVT is defined as thrombus in the portal vein causing of total or partial obstruction. 5-10% of PVT can lead to portal hypertension (PH) with the devastating outcomes

Methods :

The retrospective descriptive study is to report clinical courses of PVT in children from 2006-2016. Data of children diagnosed with PVT including sex, location, risk factors, age of developing PH, clinical presentations, treatment of PVT, and follow-up time is reviewed.

Graphs and tables :

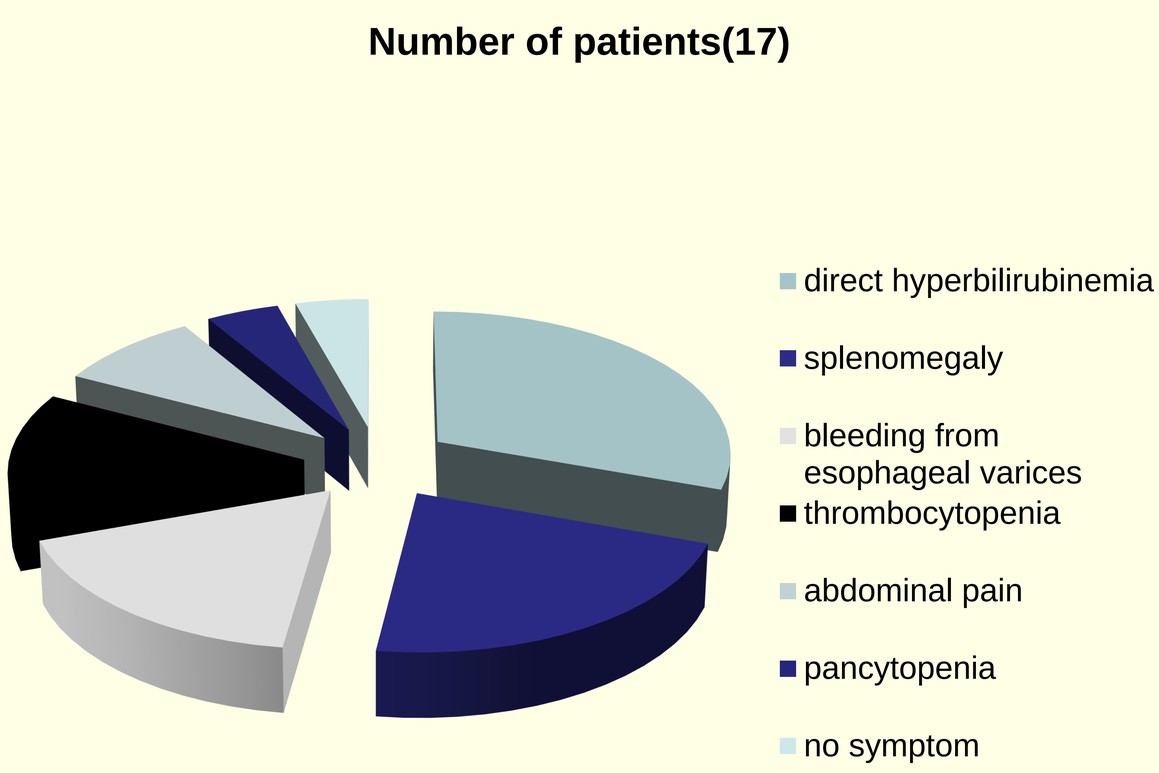

Figure 1 : The clinical manifestations of PVT

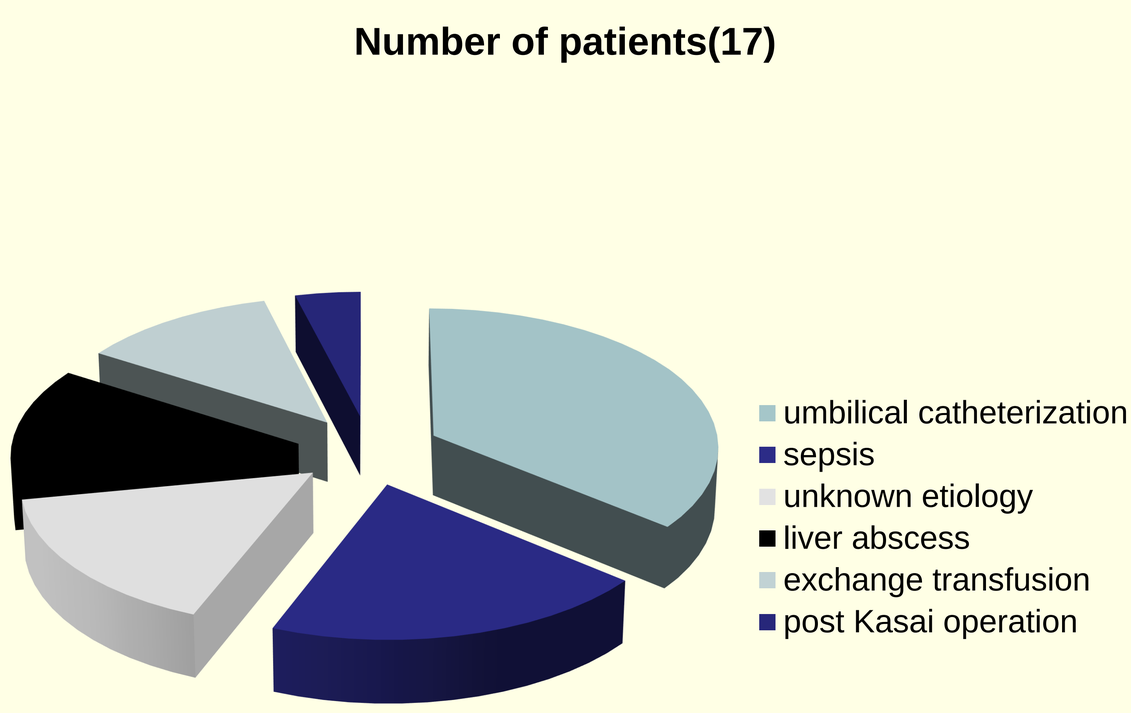

Figure 2: Risk factors of PVT

Results:

17 cases diagnosed with PVT are M:F=11:6 with median follow-up time 1 year 9 months (2 months-17 years). 13 cases were diagnosed at median age at diagnosis 1.25 months (5 days- 9 years) and 4 cases were unknown age at diagnosis. 11 cases developed PT at median age 7 years 10 months (range from 1year 6months-18 years 3 months). The most common locations of PVT are found in main portal, left and right portal vein in 11 cases, 10 cases and 5 cases respectively. 6 cases received anticoagulation including low molecular weight heparin 5 cases and warfarin 1 case with response from no to complete recanalization.

Conclusions:

Children with PVT might progress to PH during 8 years after PVT with poor outcome in spite of adequate preventive treatment. Children with risk factors of PVT should be warranted for follow-up Doppler abdominal ultrasound at least 8 years in order to early diagnosis and proper management for PH. Anticoagulant therapy is still debated in light of prevention of PH even though it might be rapid clot resolution. The future study in order to determine the role of anticoagulation to reduce PH should be performed.

ISTH 2017
1026--PB
Thromboembolism, Pediatric Aspects
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DOI: 10.3252/pso.eu.ISTH2017.2017
Poster presented at ISTH2017 on:
Tuesday, July 11
ISTH 2017 CONGRESS JULY 8-13 BERLIN GERMANY WWW.ISTH2017.ORG TRANSCENDING SCIENTIFIC BOUNDARIES
PosterSessionOnline.com