Study investigates systemic thrombolysis in patients with liver cirrhosis

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The prevalence of Portal Vein Thrombosis (PVT) varies significantly at different stages of liver disease: 10% in compensated patients, 17% in decompensated patients, 9% in those with acute decompensated cirrhosis, and 2–26% in post-liver transplant patients.

A recent study aimed to evaluate the effectiveness and safety of systemic thrombolysis for acute portal vein thrombosis in patients with liver cirrhosis. The paper is published in The Open Biomarkers Journal.

Ten compensated cirrhotic patients with acute portal vein thrombosis were examined using abdominal ultrasound with color Doppler and contrast-enhanced CT scans. All patients received continuous intravenous infusions of recombinant tissue plasminogen activator (r-tPA) and low molecular weight heparin (LMWH) for up to 7 days.

Patients were monitored for clinical improvement and radiological changes using abdominal ultrasound with color Doppler and contrast-enhanced CT scans.

The treatment was well-tolerated by all patients. After seven days, six patients (60%) had full recanalization of the portal vein, three patients (30%) had partial recanalization, and one patient (10%) had no recanalization.

Preliminary data suggest that systemic thrombolytic therapy combined with low molecular weight heparin is a safe and effective treatment for PVT over a short period, with no significant side effects.

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