

Question 25 – January 29

A 35 year old previously healthy woman is evaluated for vague abdominal pain. CT of the abdomen shows evidence of chronic portal vein thrombosis. There are no imaging characteristics of cirrhosis and liver test results are normal. There is no evidence of intraabdominal malignancy. Which of the following is the most appropriate next step?

- A. MRI of the abdomen
- B. Portal venography
- C. Liver biopsy
- D. Evaluation for hypercoagulable states
- E. Anticoagulation

Answer: D

Patients with chronic portal vein thrombosis may be asymptomatic as in this case. Common causes of portal vein thrombosis are cirrhosis, intra-abdominal malignancy, intra-abdominal infection, and thrombophilias. Portal vein thrombosis can contribute to significant morbidity and mortality, especially in cirrhosis. The clot may extend further into the mesenteric and splenic veins, and disturbance of the hepatic blood flow may lead to faster progression of cirrhosis. Chronic portal vein thrombosis leads to increased portal pressure, resulting in complications of portal hypertension such as varices, and low grade encephalopathy. All patients who present with a new diagnosis of PVT should be investigated for potential inciting factors targeted by the clinical picture. In this case, the clinical picture is negative for malignancy and there is no evidence of cirrhosis. Therefore, testing for hypercoagulable states is the appropriate next step. MRI of the abdomen and portal venography are not necessary because CT provides enough information in this case. Liver biopsy findings may be normal or show nodular regenerative hyperplasia, but biopsy is not usually necessary if liver tests are normal. Anticoagulation should be considered in the future, but not before evaluation for hypercoagulable states.

Reference

Congly SE, Lee SS. Portal Vein Thrombosis: Should Anticoagulation be Used? *Curr Gastroenterol Rep.* 2013 Feb;15(2):306.