Safety and Efficacy of Low Molecular Weight Heparins in patients with Portal Vein Thrombosis

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Background and importance

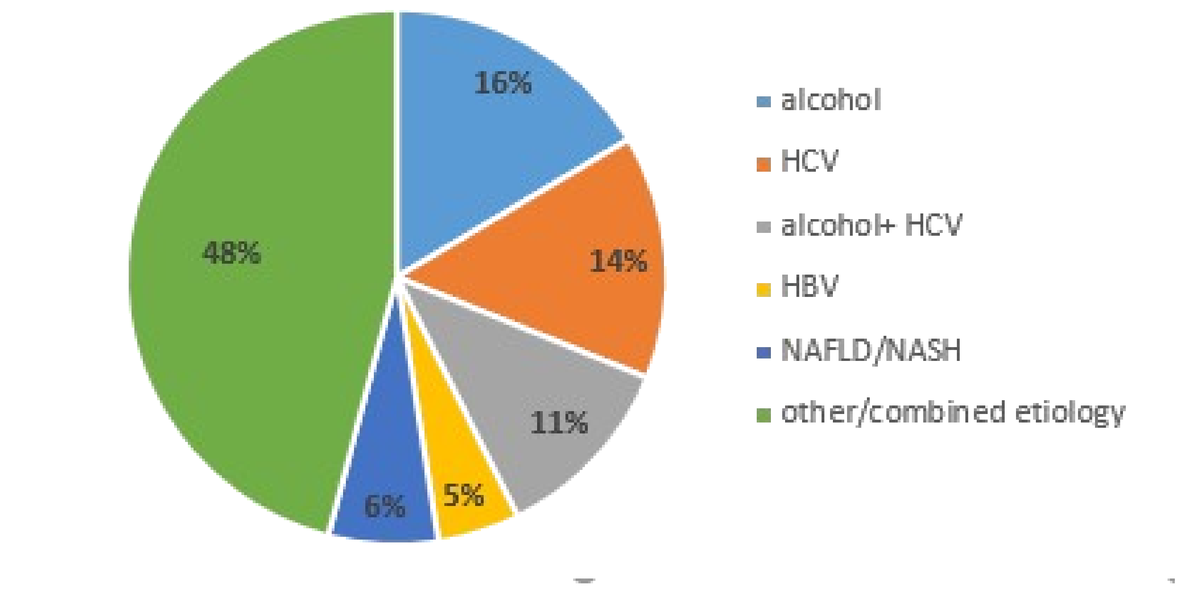
Portal Vein Thrombosis (**PVT**) represents a well-known complication during the natural course of **liver cirrhosis** (LC) ranging from asinthomatic cases to life-threatening conditions related to portal hypertension and hepatic decompensation. Treatment of PVT in patients with liver cirrhosis is not well established.

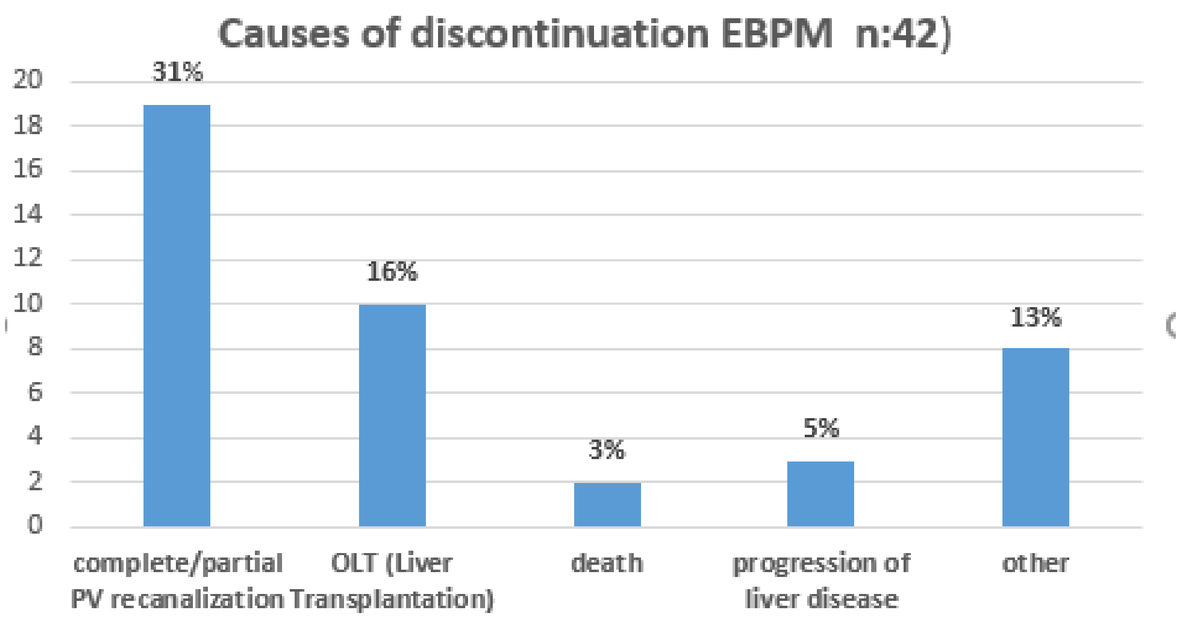
Aim and objectives

We intended to assess the safety and efficacy of low molecular weight heparins (LMWH) to treat PVT in cirrhotic patients.

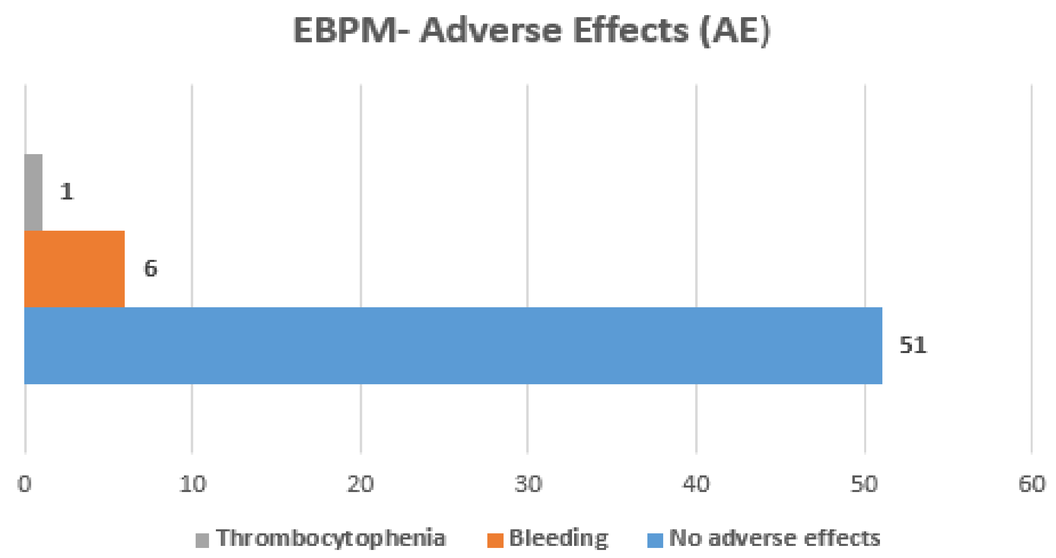
Results

Characteristics of the pool	Total	Males (%)	Females (%)
Number of patients	61	47 (77.0)	14 (23.0)
Median age (sd)	61 (13)		





Sixty-one patients diagnosed with PVT and cirrhosis from January 2017 to June 2019 were evaluated for anticoagulants therapy (AT).
Portal hypertension (oesophageal varices and congestive gastropathy) and congestive gastropathy (CG) were present in 57 (93%) and 52 (85%) patients, respectively. Twenty-seven patients had hepatocellular carcinoma (HCC).
Fifty-five patients (90%) where diagnosed with PVT, while 1 patient had PVT and cavernoma and 3 patients other diagnosis.
Treatment was performed with **nadroparin** (n: 24; 39%), **enoxaparin** (n:35; 58%), **parnaparin** (n:2; 3%), according to hospital availaibility. At follow up of June 2019, 42 patients discontinued therapy.
Fifty-one patients had no adverse events (AE); the only AE detected were bleeding (n:6), thombocytopenia (n:1). Twenty-four patients had dose changes.



Conclusions

LMWH was shown to be safe and well tolerated in our patients and only minor transient side effects were observed.

References

Amitrano L. et al. Safety and efficacy of anticoagulation therapy with low molecular weight heparin for portal vein thrombosis in patients with liver cirrhosis. *J Clin Gastroenterol* 2010;44:448-451.