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EVALUATION OF PORTAL VEIN THROMBOSIS IN LIVER GRAFT TEN YEARS AFTER LIVER TRANSPLANTATION DUE TO BUDD–CHIARI SYNDROME USING DOPPLER ULTRASOUND

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Case report

ABSTRACT

Budd-Chiari syndrome is a rare but life-threatening disorder characterized by obstruction of the hepatic venous outflow. Treatment depends on underlying cause, extent of the obstruction and functional capacity of the liver. When all other therapy options are unsuccessful, liver transplant should be considered. Portal vein thrombosis (PVT) is a frequent event in patients with cirrhosis which can be treated with anticoagulants, but there are limited data regarding safety and efficacy of this approach.
Key words: portal vein thrombosis, liver transplantation, Budd-Chiari Syndrome.

1. INTRODUCTION

Budd-Chiari syndrome is a rare but life-threatening disorder characterized by obstruction of the hepatic venous outflow. Treatment depends on underlying cause, extent of the obstruction and functional capacity of the liver. When all other therapy options are unsuccessful, liver transplant should be considered (1, 2, 3).

Portal vein thrombosis (PVT) is a frequent event in patients with cirrhosis which can be treated with anticoagulants, but there are limited data regarding safety and efficacy of this approach.

2. CASE REPORT

We present case report of thirty five old female patient with postparthal Budd-Chiari syndrome who underwent liver transplant on 2002, and developed portal vein thrombosis in liver graft ten years later. We also evaluated safety of application of anticoagulant therapy in this patients.

In few years after liver transplantation patient developed fibrosis of liver graft with porthal hypertension. Thrombosis was diagnosed and recanalization was evaluated by using Doppler ultrasound. (Figure 1.) We performed elective esophageal variceal band ligation in order to prevent bleeding. As soon as we prevented possible complications, anticoagulant therapy (martefarin) was administred. (Figure 2.)

Complete recanalization of portal vein was achieved after four months period. Early initiation of anticoagulation was associated with complete recanalization. Our case suggested that appropriate and well prepared anticoagulant therapy in portal vein thrombosis of liver graft could pro-

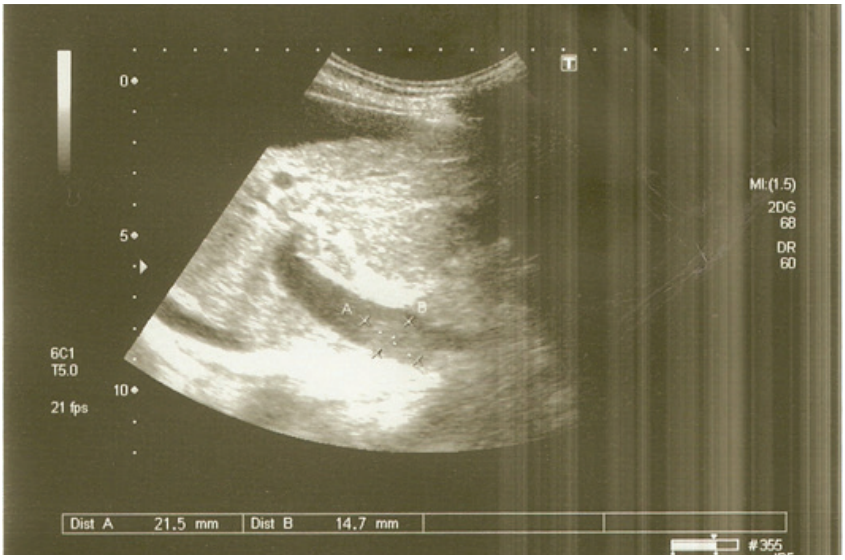

Figure 1. Trombus in perihilar part of portal vein

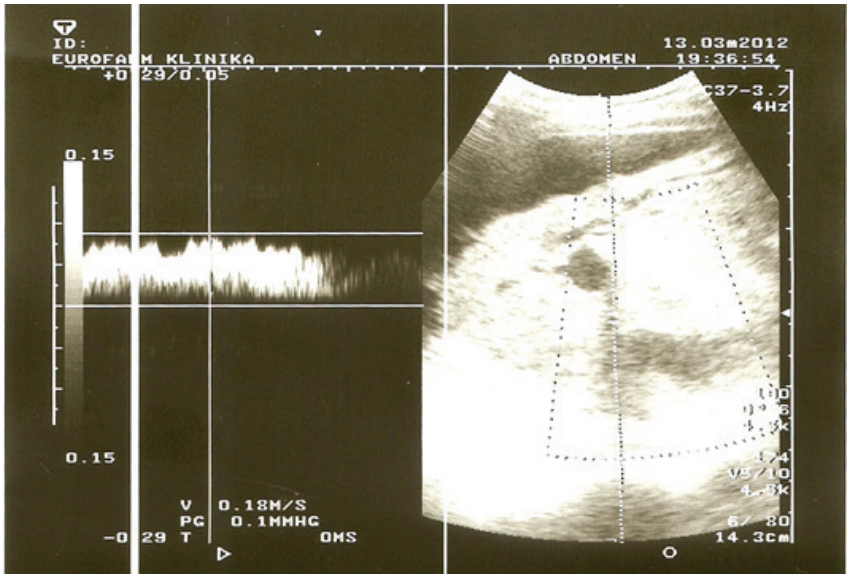

Figure 2. Nomal portal bload flow with complete (14x20 mm) and in parenchimal part (9x19 mm). recanalisation after four months

longe „life time" of graft.

Anticoagulation is a relatively safe treatment that leads to partial or complete recanalization of the portal venous of patients with cirrhosis and PVT. It could be maintained for longer period to prevent rethrombosis.

Conflict of interest: none declared

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