Long-term anticoagulant treatment management in high bleeding risk patients with portal vein thrombosis

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Abstract

Background. Portal vein thrombosis (PVT) is quite common in patients with liver cirrhosis or hepatocellular malignancy. Prospective registries report that up half of the patients with PVT secondary to liver disease do not receive any anticoagulant treatment mainly due to thrombocytopenia and esophageal varices (EV). Aim of the current study was to evaluate the safety and acceptability of long-term anticoagulant treatment with Low Molecular Weight Heparin (LMWH) in patients with PVT secondary to liver disease

Methods: Patients with liver disease referred to our Center, from January 2011 to June 2016, for concomitant PVT and a high bleeding risk secondary to EV and thrombocytopenia are included in the current analysis. LMWH was tapered to patient's platelet (PLT) count: full dosage for PLT above 50.000/, reduced dosage (75%) for PLT below 50000/µL but above 30000/µL. Prolonged anticoagulant treatment was deemed necessary based on concomitant risk factors or thrombosis recurrences. LMWH discontinuation was patient driven. All subjects underwent a monthly clinical and laboratory follow-up. Compliance to therapy was based on clinical evaluation and answers to a specific questionnaire.

Results: Overall, 20 Caucasian patients with PVT secondary to liver cirrhosis (n=13) or carcinoma (n=7) were included in the current analysis, 11 women, 9 males (mean age: 65.2;range, 56-71 years). All patients had at least grade II esophageal varices associated with moderate to severe thrombocytopenia (mean PLT count: 42 x 103/L; range 35-68 x103/L). Mean anticoagulant treatment duration was 16 months (range: 12-30 months).Treatment was well tolerated without any major bleeding or premature discontinuation. Four patients complained easy bruising. Compliance to LMWH treatment was good, short-term treatment discontinuation (one day off therapy, every 3 days) was however reported in 5 patients.

Conclusions: In our case cohort LMWH treatment for PVT was well tolerated in patients with liver disease under regular clinical and laboratory follow-up.