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Portal vein thrombosis and liver transplantation

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Sir: We read with interest your letter to the editor regarding reconstruction of the portal vein in liver transplantation [1].

Of course, we agree with your conclusion. As you mentioned in your paper, you studied 119 primary OLTs carried out during the period July 1993–January 1996. Because this is a recent study, you of course applied the knowledge gathered in the field of liver transplantation between 1963 and 1993 in relation to the surgical handling of portal vein thrombosis in liver transplantation.

As you could see from our publication [2], we studied 53 patients who underwent transplantation between February 1984 and December 1995. During this period there was a shift from blind thrombectomy to eversion thrombectomy and the use of superior mesenteric vein implantation using free iliac grafts. The aim of our study was to show that this evolution allows one to obtain better results and that there is no place anymore for blind thrombectomies (though they are still being done in many places). The second aim of the study was to show that superior mesenteric venous reconstruction is not always necessary, but that many patients can have a complete extraction – even of an extended thrombosis – by the eversion technique.

Tables 2 and 3 in our paper show that there is a substantial reduction in mortality when applying the eversion thrombectomy technique and the superior mesenteric vein implantation technique. Early mortality in the portal vein thrombosis group dropped to 8 %; none of the patients having previous portal hypertension surgery died. The improvement in results went together with less blood product use, less reoperation, and less mortality related to bleeding. The study also showed that good long-term results can be obtained even without administration of low molecular weight heparin.

In summary, your letter to the editor stresses exactly what we wanted to say: liver transplantation can be safely performed in the presence of splanchnic vein thrombosis and previous portal hypertension surgery.

References

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