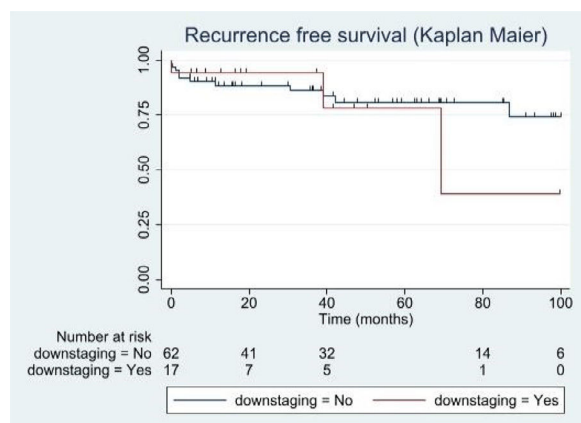


(4.8 cm vs. 3.0 cm), however, DG had less microvascular invasion (18% vs. 37%) and a better profile of tumor differentiation. Recurrence was 11.8% in DG and 8.2% in MG (p-value = 0.926, figure). In DG, there was a death rate of 6% while in MG it was 18% (p-value = 0.285).

Conclusions: Downstaging appeared to be a successful strategy for LT that could be used to expand the Milan Criteria in Colombia. Less sick patients in DG (necessary for locoregional therapy), could have favored survival.



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P-65 NEOPORTA WITH OR WITHOUT TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT AS A VIABLE TREATMENT OF CHRONIC PORTAL VEIN THROMBOSIS IN PATIENTS WITH DECOMPENSATED CIRRHOSIS

Issac Octavio Vargas Olmos¹,
Graciela Elia Castro Narro¹, Aldo Torre Delgadillo²,
Jose Antonio Cienfuegos Alvear³,
Elsie Daniela Sánchez Sánchez⁴

¹ Departamento Gastroenterología - Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Ciudad de México, México

² Gastroenterología - American British Cowdray Medical Center, Ciudad de México, México

³ Departamento Radiología - Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Ciudad de México, México

⁴ Medicina Interna - American British Cowdray Medical Center, Ciudad de México, México

Conflict of interest: No

Introduction and Objectives: Thrombosis of the portal venous (PVT) system is a frequent and potentially life-threatening condition in patients with liver disease. Percutaneous interventional procedures have gained worldwide acceptance for alleviating the symptoms of portal hypertension.

The objective of this study is to evaluate the impact of portal plasty on patients with decompensated cirrhosis and to analyze the correlations between different prognostic scales, laboratory and imaging results to determine the postoperative prognosis in these patients.

Patients / Materials and Methods: We included 13 patients with liver cirrhosis and chronic portal thrombosis with portal plasty ± TIPS. Data collection tools involved reviewing the clinical histories of the patients to obtain necessary data such as platelets, sodium, liver function tests, and findings via tomography to evaluate ascites and splenomegaly. Calculation tools from Stanford University were used to determine MELD, MELD Na, and MELD 3.0 scores. Finally, a descriptive analysis was performed for all collected variables. Descriptive statistics were analyzed using means for continuous variables.

Results and Discussion: Patients with portal plasty had the following outcomes at 3 months: delta MELD-Sodium -1.2 points, which paralleled an improvement in sodium levels with a delta +2.4 meq/L. This could be due to the improvement of the hypervolemic state, 100% of the patients presented some degree of improvement in ascites as assessed by abdominal tomography.

The platelet count presented a delta of +16,000 platelets, reflecting an improvement of portal hypertension and splenomegaly.

The small decrease in MELD 3.0 can be explained by the improvement in serum albumin levels by 0.8 g/dL, which could reflect less inflammation in patients with chronic thrombosis. There was no significant difference in Child Pugh, hemoglobin, creatinine, bilirubin and coagulation tests.

Two patients were included in the transplant list and were transplanted successfully.

Conclusions: Portal plasty ± TIPS in patients with cirrhosis and chronic thrombosis is a viable treatment with clinical and biochemical benefits, with minimal adverse effects, which can be used as a bridging therapy for liver transplantation.



Portal Plasty

Outcome	Mean 3 months delta
MELD-Na	-1.2 points
MELD 3.0	-0.9 points
Sodium	+2.4 meq/L
Platelets	+16,000 /L
Albumin	+0.8 gr/dl
Hemoglobin	+0.7 mg/dl
Creatinine	-0.1 mg/dl
INR	-0.2
Total Bilirubin	-0.3 mg/dl
Child Pugh	-0.2 points

Clinical and biochemical outcomes

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