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Is there a Good Antithrombotic Treatment after Six Months of Anticoagulation for a Non-Cirrhotic Portal Vein Thrombosis?

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International guidelines divide liver vein thrombosis in sovrahepatic vein thrombosis and portal vein thrombosis. Furthermore, PVT may be divided in thrombosis in chronic liver diseases and non-chronic liver disease. Patients with chronic liver disease have also an associated bleeding risk during treatment with AVK or LMWH. Yet, studies on secondary anti thrombotic treatment after first 6 months of treatment are lacking in literature.

We observed main clinical outcomes after 6 and 12 months of anticoagulations in 6 patients with PVT non associated to chronic liver disease.

Any type of anti-thrombotic treatment after 6 months of regular anticoagulation were recorded in all patients.

Recurrent thrombosis, major bleedings, clinically relevant bleedings, and progressive occult bleeding requiring blood transfusion were recorder together to death for any reason.

5/6 patients took aspirin without any type of recurrent thrombosis or any type of bleedings. 4/6 were jak2 positive. 1/6 did not take any type of treatment and was jak2 negative. 1/6 showed progressive occult bleeding requiring transfusion.

Aspirin seems to be a good option to prevent recurrent thrombosis in patients with PVT not associated to liver disease. Our small cohort revealed good efficacy and safety.

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