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Distal Splenorenal Shunt Surgery In The Management Of Portal Vein Thrombosis (PVT) Secondary To Cavernous Transformation Of Portal Vein (CTPV) In The Pediatric Population: Experiences From Vicente Sot

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Background : In the pediatric population, cavernous transformation of the portal vein (CTPV) is a sequela of extrahepatic portal vein thrombosis which is the most common cause of portal hypertension. The manifestations are insidious in nature, and usually comprises of gastroesophageal variceal bleeding, splenomegaly, and thrombocytopenia

Methods : This was a case series of four patients with symptoms of upper gastrointestinal bleeding exhibited as hematemesis and melena, with evidence of thrombocytopenia. Workup revealed that the etiology of cavernous transformation of the portal vein (CTPV) are as follows: two of the patients had a history of umbilical vein catheterization at birth, and one had a history of extrapulmonary tuberculosis, and another one had a history of multiple lymphadenopathy at periportal area. CT Scan revealed cavernous transformation of the portal vein particularly at the periportal region, with multiple reactive para-aortic, Inter-aortocaval & mesenteric lymphadenopathy and splenomegaly. One of these cases was managed with rubber band ligation (RBL), however, patient was still symptomatic. Three of these cases were managed with distal splenorenal shunting using Warren's technique, and one with meso-rex shunting.

Results : Postoperatively, these patient's symptoms and condition improved, and they were instructed to come back at the out-patient department for surveillance. Patients thrombocytopenia improved, but two patients experienced re-bleeding months after surgery and where manage conservatively.

Conclusions : This case series highlighted our experiences in managing pediatric patients with meso-rex and splenorenal shunt surgery in Vicente Sotto Memorial Medical Center.

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