P-7 CLINICAL AND HISTOPATHOLOGICAL FEATURES OF THIRTY-FIVE OBLITERATIVE PORTAL VENOPATHY PATIENTS AND POTENTIAL ROLE OF XENOBIOTICS

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Introduction: Classically described in the group of non-cirrhotic portal hypertension, Obliterative Portal Venopathy (OPV) is a spectral disease, which can be diagnosed before the manifestations of portal hypertension. Its causes are still unknowing and the identification of possible risk factors are important to further etiological investigation.

Aims: To describe the characteristics of OPV patients and potential risk factors.

Methods: Thirty five consecutive adults patients with OPV were retrospectively selected on histological criteria, defined by phlebosclerosis, disappearance and reduction of the diameter of portal vein branch and exclusion of cirrhosis. Clinical and laboratory data were analyzed. Clinically significant portal hypertension was considerated in presence of esophageal varices or ascites. No explanted liver was considered.

Results: Mean age at diagnosis was 46 ± 11 years old predominantly female (83%). Clinically significant portal hypertension was found in 26% of cases. The most frequent indication for liver biopsy was liver enzymes elevation, mostly GGT increase in 76% of patients, average 234 IU/L (upper limit of normality up to 40 IU/L) and ALT in 60%, mean 72 IU/L (38 IU/L). Possible risk factors were described in Table 1. Compatible chronology between start medication and biochemical change was considered to attribute suspicion to the xenobiotic.

Conclusion: Most OPV patients could be diagnosed before manifestation of clinical portal hypertension, additionally, GGT and ALT elevation are frequent findings and more than half os the patients were exposed to xenobiotics before the enzymes changes. Finally xenobiotics, autoimmunity and thrombophilia are possible risk factors and should be investigated.

Table 1. Possible Association	n (%)	Variable: n
Drugs and Herbs	19 (54)	Herbalife: 5 / Herb: 5 Hormones (includind oral contraceptives): 5 Chemotherapy: 2 Methrotexate, benzene exposion: 1 each
Autoimunity	9 (26)	ANA ≥ 160: 6 / ASMA ≥ 80: 1 Thireoiditis: 3 Reumatoid arthritis: 1
Thrombophilia	8 (23)	Factor V Leiden mutation: 2 Definciency of anti thrombin:1 Antiphospholipid syndrome: 2 Mthfr mutation:2 Splanchnic thrombosis: 3

ANA: Antinuclear antibody. ASMA: Anti-smooth muscle antibody. MTHFR: Methilenetetrahydropholatase reductase. Some patientes combined more than one condition

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P-8 PRESERVATION OF THROMBIN GENERATION IN CIRRHOSIS DESPITE ABNORMAL RESULTS OF INTERNATIONAL NORMALIZED RATIO: IMPLICATIONS FOR INVASIVE PROCEDURES

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Introduction: Thrombin generation (TG) is normal or elevated in patients with cirrhosis when tested in the presence of thrombomodulin (TM), the activator of the main natural anticoagulant protein C. However, the relationship between TG with bleeding has been little explored in literature.

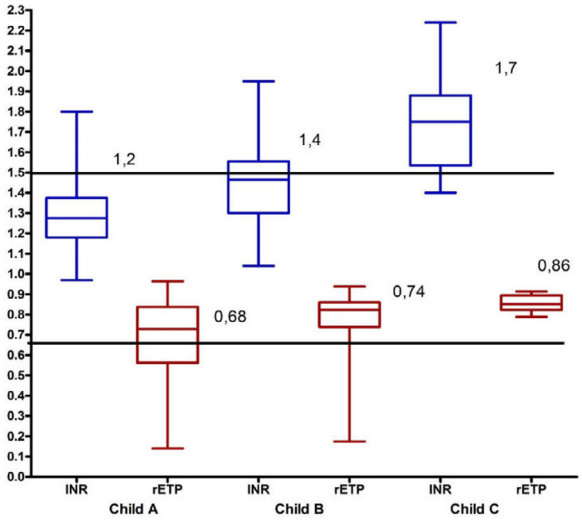
Aims: To assess the relation among TG potential, measured without and in presence of TM, INR and the occurrence of bleeding after endoscopic band ligation of esophageal varices.

Patients and Methods: 97 consecutive patients with cirrhosis were prospectively included (58 men; 54±10 years) and divided into two groups INR< 1.5 (n=72) or INR ≥1.5 (n=25). 46 healthy individuals were tested as controls. Endogenous thrombin potential (ETP) was measured without and with the addition of TM.

Results: ETP measured without TM was reduced in patients with cirrhosis when compared to controls, but no significant difference was found between the INR< 1.5 and INR ≥1.5 groups (1,250±315.7 versus 1,186±238 nmol/L x min; p= 0.3572). After addition of TM, both groups generated thrombin comparable to controls (INR ≥1.5: 965.9±232.3; INR<1.5: 893.0±368.6; controls: 915.0±458 nmol/L x min). 80% of patients had high ETP without/with TM ratio, indicating trend to hypercoagulability, which was more marked in the INR ≥1.5 group (0.81±0.1 versus 0.69±0.2; p=0.0042). Post-EVL bleeding occurred in 5.2% of the patients (INR<1.5, n=3; INR ≥1.5, n=2), all of them with ETP. without/with TM ratio ranging from 0.72 to 0.90 (controls 0.57±0.21).

Conclusions: This study shows that TG in the presence of TM was normal in most patients with cirrhosis, including those with high INR value, but did not correlate with post-EVL bleeding.

INR values and RETP values according to Child-Pugh class.



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