Etiology and find in portal vein thrombosis at the Hospital de Especialidades del Centro Médico Nacional La Raza

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Introduction and Objectives: To assess the reasons and forms of presentation and to correlate disease status to the degree of spread and outcome.

Materials and methods: Descriptive and retrospective study was performed on patients with DVT by review of clinical records. The patient was divided into non-cirrhotic, cirrhotic and cirrhotic with hepatocarcinoma; age, gender, a form of diagnosis, degree of spread of thrombosis and outcome were assessed. Qualitative variables were expressed as frequency and percentage, and numerical variables as means and standard deviation.

Results: We studied sixteen patients with a median age of 61 years. 3 (18.75%) were non-cirrhotic, 7 (43.75%) were cirrhotic and 6 (37.5%) were cirrhotic with hepatocarcinoma, 4 (30. 76%) due to HCV, 2 (15.38%) autoimmune, 1 (7.69%) due to alcohol, 1 (7.69%) MAFLD, mixed in 2 patients and 3 (23.07%) undetermined. Non-cirrhotic patients, 1 (33.33%) protein C deficiency, 1 (33.33%) antithrombin deficiency; 100% with abdominal pain, the cirrhosis without HCC, 2 (28.57%) were asymptomatic and 5 (71.4%) with decompensation, the patients with CH+HCC, 3 (50%) with encephalopathy. Complete DVT was onset in 14 (87.5%) and in 2 (12.5%), it was partially. It was located in the PV and/or its intrahepatic branches in 13 (81.2%) and in 3 (18.75%) extensions to the superior mesenteric vein and/or splenic vein. Patients without cirrhosis all received anticoagulant treatment; of patients with DVT with cirrhosis with or without HCC, 53% received treatment. They were mainly being treated with low-molecular weight heparin, and oral anticoagulants. In cirrhotic patients, 8 (61.52%) died as compared to non-cirrhotic patients who were discharged.

Conclusions: In our setting, DVT was more frequent in patients with cirrhosis, particularly those with late liver disease and HCC, with uncompensation as the main clinical manifestation in this group of patients.

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Variables	N= 16 Non-cirrhotic	Cirrhotic	Cirrhotic HCC
Patients	3 (18.75%)	7 (43.75%)	6 (37.5%)
Age	46	60	61.8
Gender	Woman 1 (33.33%) Man 2 (66.66%)	Woman 5 (71.4%) Man 2 (28.56%)	Woman 3 (50%) Man 3 (50%)
Etiology cirrhosis			
HVC	-	4 (30.76%)	1 (7.69%)
Autoinmune	-	2 (15.38%)	-
OH	-	1 (7.69%)	-
Mixed	-	-	2 (15.38%)
Undetermined	-	.	3 (23.07%)
Cause		-	-
Protein C	1 (33.33%)		
Antithrombin deficiency	1 (33.33%)		
Unidentified	1 (33.33%)		
Extension			
Partial	-	1 (14.28%)	1 (16.66%)
Complete	3 (100%)	6 (85.68%)	5 (83.3%
Treatment	3 (100%)	4 (57.12%)	2 (33.32%)
Outcome			
Egress	3 (100%)	3 (42.84%)	2 (33.32%)
Death		4 (57.12%)	4 (66.64%)

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Prevalence of hepatobiliary manifestations and its relationship with the time of evolution of inflammatory bowel disease in patients attended at Centro Médico Nacional 20 de noviembre

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Introduction and Objective: This study aimed to describe the prevalence of hepatobiliary manifestations of Inflammatory Bowel Disease.

Materials and Methods: A retrospective, observational, cross-sectional study. Sixty-two patients with UC (UC) and 29 patients with Crohn's disease were included. Medical notes and imagenological studies were reviewed from the first registered consultation in search of known hepatobiliary manifestations (HBM) of Inflammatory Bowel Disease (IBD). Data were analyzed using STATA software version 16.

Results: HBM were found in 35.48% of CUCI and 37.93% of Crohn's. In both IBD it was more common to find only 1 HBM (UC: 19.35%; Crohn: 31.03%), being the 3 most common NAFLD (UC: 36.36%; Crohn: 60%), cholelithiasis (UC: 33.3%; Crohn: 26.66 %) and PSC (SITC: 15.15%, Crohn's: 6.66%). HBM were more frequent in less than <5 years after diagnosis; however, in patients with UC, HBM were found at a longer time of disease's evolution.

Conclusions: It is essential to monitor liver function in patients with IBD at regular intervals; as well as implement screening strategies with imagenological studies to detect HMB since it must be considered that even in a short evolution time, we must carry out an early screening in search of these MHB.

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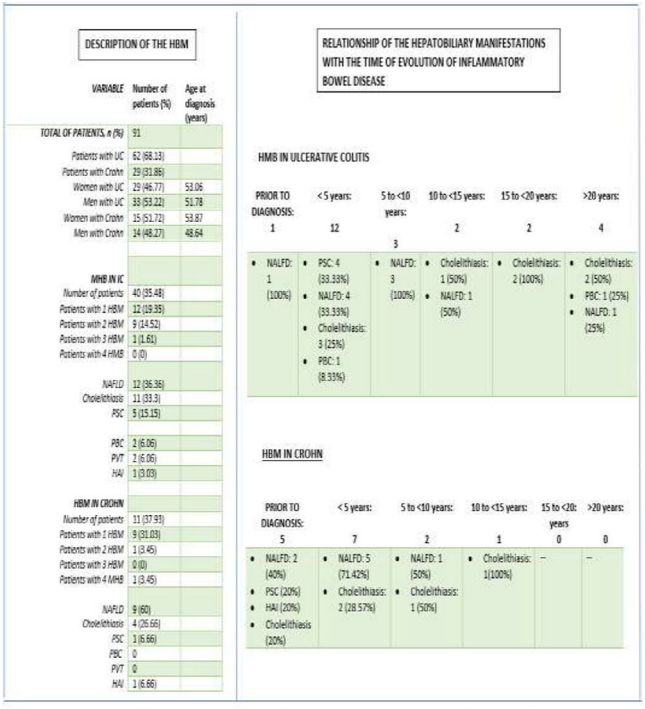

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