Availability of superior mesenteric vein in Portal Vein thromobosis

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A lino-renal shunt is the procedure of choice at our center for the treatment of variceal bleeding due to portal vein thrombosis. However, when the splenic vein is not available for a shunt, it is essential to determine the availability of the superior mesenteric vein (SMV).

In an earlier study,[1] the SMV was found patent in only 9/20 with portal vein thrombosis (PVT). We have studied 11 more patients till August, 1983. Arterial portography was done in those (10) 12 years and older. Operative mesenteric venography was done in a 6 year old child. One patient who had NCPF and splenectomy was found to have a patent SMV on arterial portography. In the remaining 10, the superior mesenteric vein was studied because of nonvisualisation of the splenic and portal veins in 4, splenic vein thrombosis in 5 and previous splenctomy in one. All patients showed PVT on SMVP or operative mesenteric venography. All the 4 patients with non-visualised spleno-portal axis were found to have portal and splenic vein thrombosis. Two patients showed partial SMV thrombosis but the patent part was considered inadequate for successful surgery. The other eight had complete thrombosis of the SMV trunk. When all patients with PVT are taken together, only 9/30 (30%) patients had a patent superior mesenteric vein. Among patients with both portal and splenic vein thrombosis only 3/20 (15%) had an adequate superior mesenteric vein. It is however important to identify this small group of patients who can benefit from a mesocaval shunt as they have no other satisfactory alternative treatment.

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References

1. Koshy, A., Mitra, SJC. The availability of the superior mesenteric vein in portal hypertension. Bull. PGI., 1983; 16: 63-66.