



E-058

Recurrent GI Bleeding In Portal Vein Occlusion By Portal Vein Thrombosis

YEONGDO OH¹, Ji Hoon JO¹, Young Il CHOI¹, Hyung Hwan MOON^{*1}, Dong Hoon SHIN¹

¹*Division Of Hepatobiliary-pancreas And Transplantation, Department Of Surgery, 고신대학교 복음병원, REPUBLIC OF KOREA*

Background : Portal vein thrombosis (PVT) is a highly feared complication following hepatobiliary surgery, with potential outcomes ranging from liver failure to death, depending on its severity. In particular, severe occlusion of the main portal vein by a blood clot often leads to inevitable liver failure and subsequent death. These cases represent a series of reports on patients who developed portal vein occlusion by PVT following hepatobiliary surgery.

Methods : We report 2 cases of patients who developed recurrent melena following an portal vein resection.

Results : A 76-year old male patient, diagnosed with an intraductal papillary neoplasm of the bile duct, underwent a right hemihepatectomy with hepaticojejunostomy, jejunojejunostomy, and portal vein resection. On postoperative day 6 (POD 6), a computed tomography (CT) scan identified main portal vein thrombosis extending to the intrahepatic veins, superior mesenteric vein (SMV), and splenic vein. Thrombectomy with portal vein stenting was done, followed by anticoagulation therapy. The patient was subsequently discharged without liver failure. However, on POD 66, the patient presented to the emergency department with melena. Diagnostic evaluations, including endoscopy and angioCT, did not reveal a definitive bleeding source. he patient experienced recurrent melena. A 65-year-old male patient with intraductal papillary mucinous neoplasm (IPMN) underwent pancreatoduodenectomy with portal vein resection (PPPD). Postoperatively, the patient was discharged without acute complications. On postoperative day 185 (POD 185), he presented with melena. Imaging and endoscopic evaluations revealed portal vein thrombosis and angiodysplastic lesions in the jejunum, presumed to be the source of small bowel bleeding. With continued conservative treatment, the patient's recurrent melena resolved.

Conclusions : This case highlights that portal vein thrombosis can be a significant cause of recurrent gastrointestinal bleeding. Despite the presence of main portal vein occlusion, conservative management can effectively address gastrointestinal bleeding and clinical symptoms, provided that the bleeding is not life-threatening. This suggests that repeated conservative treatments may be sufficient in managing bleeding and improving overall patient condition in such cases.

Corresponding Author : **Hyung Hwan MOON** (ras99m@naver.com)