Sa1335 Portal Vein Thrombosis in Inflammatory Bowel Disease (IBD) Patients: Analysis of a Retrospective Cohort of the GETAID

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INTRODUCTION: The risk of deep venous thromboembolism is increased in IBD. Data on portomesenteric vein thrombosis (PMVT) are limited, coming mainly from surgical series. The aim of this study was to describe the characteristics of PMVT in IBD patients followed at referral centers.
PATIENTS AND METHODS: We conducted a retrospective study in 13 GETAID centers between January 1995 and June 2010. The following data were collected from a standardized questionnaire: characteristics of IBD, disease activity at the time of PMVT, mode of revelation of PMVT, prothrombotic disorders, anticoagulant therapy and evolution of PMVT.
RESULTS: Fifty cases were declared (median age 39 years, 29 men, 14 ulcerative colitis and 36 Crohn's disease). Twenty-four patients had previous surgery: ileocolic resection (n=9, 18%), colectomy (n=10, 20%), multiple small bowel resection (n=8, 16%), anoperineal surgery (n=3, 6%). IBD was active in 64% of cases (n=32). The circumstances of discovery of PMVT were: fortuitous (n = 19, 38%), during a complication of IBD [stenosis (n = 15) and / or fistula (n=5)] (36%), symptoms of acute thrombosis (=18, 36%) and during postoperative period (n = 8, 16%). The location of the thrombosis was the portal vein (n=20, 40%), one or two portal branches (n=24, 48%) of the splenic vein or splenomesenteric confluence (n=16, 32%) and the superior or inferior mesenteric vein (n=30, 50%). Search for a prothrombotic disorder was performed in 43 cases (86%), and discovered prothrombotic abnormalities in 30% of cases (n=13): hyperhomocysteinemia (n=8), antiphospholipid syndrome (n=4), protein S deficiency (n=2), protein C deficiency (n=1), factor V Leiden mutation (n = 1), factor II gene mutation (n=1), JAK2 mutation (n = 1). Forty-two patients (84%) were treated with anticoagulants, 45% (n = 19) of them for a long time. A recanalization of the vein was observed in 62% of cases (n = 26) (this occurred in 81% of the cases which were diagnosed as acute thrombosis (n = 21))).
CONCLUSION: PMVT occurs most often in active disease. PMVT are symptomatic in less than 50%. Screening for prothrombotic disorders is essential as it is positive in 1/3 of cases. Anticoagulant therapy is necessary especially in case of acute thrombosis.