

Eversion thrombectomy for partial portal vein thrombosis during living donor liver transplantation

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Portal vein (PV) thrombosis is seen in 5-15% of patients with cirrhosis. The extent of clot may vary. This was considered a contraindication for liver transplantation in the past. Many techniques are now available to re-establish the portal flow. Eversion thrombectomy is one of the commonly practiced techniques. Changes in PV flow dynamics after thrombectomy can affect outcome in liver transplantation. The figure illustrates eversion thrombectomy during live donor liver transplantation in a 62 year old patient with a partial thrombus in the main PV extending to the superior mesenteric vein. After explantation of the native liver, the PV was everted and the thrombus dissected up to the spleno-mesenteric confluence. The rest of the clot was left in situ. Post anastomotic doppler graft inflow was satisfactory.

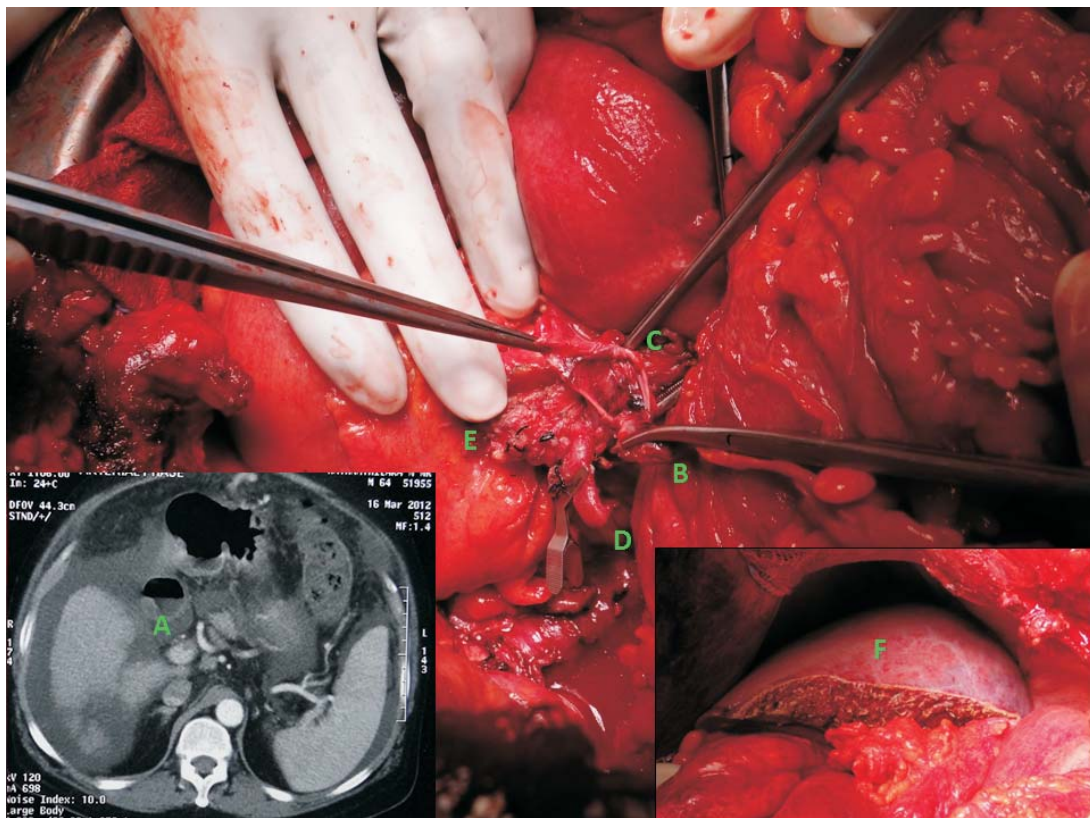


Figure 1. A - computed tomogram showing partial thrombus in the portal vein, B - partial clot being dissected and pulled out just before removal, C - edges of the portal vein, D - common hepatic artery, E - recipient bile duct, F - well perfused graft after implantation

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