SSC Subcommittee Project/Collaborative Project

Anticoagulant Therapy for Splanchnic Vein Thrombosis

Control of Anticoagulation

Person responsible (Chair / Principal Investigator): Marcello Di Nisio

Description Abstract

Splanchnic vein thrombosis is an unusual manifestation of venous thromboembolism, which includes thrombosis of the portal, mesenteric, and splenic veins as well as the Budd-Chiari syndrome.

Major risk factors are liver cirrhosis and solid cancer, each responsible for about one quarter of cases, while a causative trigger cannot be identified in up to a 27% of cases which are considered as unprovoked. The clinical presentation of splanchnic vein thrombosis is not specific and up to a third are asymptomatic and incidentally diagnosed during abdominal imaging performed for other reasons. The management of splanchnic vein thrombosis remains challenging with limited evidence available to guide therapeutic decisions within a complex clinical setting where risk of bleeding complications may be often increased due to significant co-morbidities such as gastroesophageal varices from portal hypertension.

The aim of this guidance document is to provide clinicians with practical advices on how to manage splanchnic vein thrombosis. The objectives are to identify patients who may benefit of anticoagulant treatment and to advise on the type and duration of anticoagulation.

Design and methodology (Data expected to collect, sample size and statistical analysis):

A systematic search of the literature will be performed, followed by the critical appraisal of the evidence. The latter will be used to formulate guidance statements on relevant clinical questions, after critical discussion within the panel.

The wording “recommend” will be used to indicate a strong guidance statement with good consensus among the panelists, whereby the clinician should consider adopting the practice in most cases. The wording “suggest” will reflect a weak guidance statement with moderate consensus among the panel members, whereby the clinician may adopt the guidance statement or use an alternative approach to manage patients.

Study population (Inclusion, exclusion, eligibility) (patient population; recruitment of participating institutions/physicians and subjects; minimum number needed; expected number):

The literature search and appraisal will consider studies of patients with splanchnic vein thrombosis (portal, mesenteric, splenic vein thrombosis and Budd-Chiari syndrome).

The use of anticoagulant therapy will be evaluated in the following subgroups of patients:

1) Acute or chronic splanchnic vein thrombosis either unprovoked or secondary to transient or permanent risk factors
2) Incidentally detected splanchnic vein thrombosis
3) Budd-Chiari syndrome

Guidance statements will be formulated after careful evaluation of the effects of anticoagulant therapy on the following outcomes of interest: recanalization, stabilization, progression or recurrence of splanchnic vein thrombosis; major bleeding, overall mortality.

Expected timeline:

Draft manuscript November 2019

Final submission January 2020
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Expected outcomes (ie. publications):

Publication on the Journal of Thrombosis and Haemostasis.

Publication type (SSC Communication, Guidance document or original article):

Guidance document.

Description of project set/up and management, needed infrastructure and resources (summary):

The expected Guidance content will be as follows:

1. Scope and methodology
2. Background with brief overview
3. Treatment of splanchnic vein thrombosis:
   a. Acute splanchnic vein thrombosis
   b. Chronic splanchnic vein thrombosis
   c. Incidentally detected splanchnic vein thrombosis
4. Guidance statements

A systematic search of the literature will be performed using the MEDLINE and EMBASE databases. In addition, clinicaltrial.gov will be searched to retrieve additional information from ongoing studies.

Selected studies will be critically evaluated by the panel members to assess methodological quality and relevance. Finally, the available data and panel feedback will be used to derive the guidance statements.

Possible references