Results of Portosystemic Shunt Embolization in Selected Patients With Cirrhosis and Recurrent Hepatic Encephalopathy

Introduction: Large portosystemic shunts may lead to recurrent encephalopathy in patients with cirrhosis and embolization of these shunts may improve encephalopathy. Material and methods: Five patients underwent balloon-occluded retrograde transvenous obliteration (BRTO) of a single large portosystemic shunt at our centre in last 2 years for recurrent hepatic encephalopathy. Data is shown as number and mean±SD. None of these patients had Child’s C cirrhosis or presence of large ascites/large esophageal varices. Results: Five patients (all males), aged 61±7 years underwent BRTO for recurrent HE and presence of lienorenal (n=4) or mesocaval shunt (n=1). The etiology of cirrhosis was cryptogenic/NASH in 3, alcohol and hepatitis B in one each. All patients had Child’s B cirrhosis; Child’s score was 8.6±0.5, MELD score was 13.4±2.3. One patient had mild ascites; 3 patients had small esophageal varices before procedure. Sclerosant (combination of air, sodium tetradecyl sulfate and lipiodol) were used in two patients, endovascular occlusion plugs were used in two patients and both sclerosants and endovascular occlusion plug were used in one patient. Embolisation of minor outflow veins to allow for stable deposition sclerosants in dominant shunt were done using embolisation coils and glue in two patients. One patient needed 2 sessions of BRTO. None of the patients had any procedure related complication. The pre-procedure ammonia was 127±35 which decreased to 31±17 after the shunt embolisation. There was no recurrence of encephalopathy in any of these patients. One patient was lost to follow up at 6 months; others are doing well at 6 months (n=2), 10 months (n=1) and 2 years (n=1). None of these patients developed further decompensation in the defined follow up period. Conclusion: Good results can be obtained in selected patients after embolization of a single large portosystemic shunt for recurrent hepatic encephalopathy.
Corresponding Author Detail

Name : Sanjiv Saigal  
ISHEN Member : ISHEN Member  
Country : India

State : Haryana  
City : Gurgaon  
E-mail : sanjivsaigal@hotmail.com

Mobile : +919811552928

Address : Medanta The Medicity hospital, sector 38, Gurgaon, Haryana, India PIN 122001

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