

Proximal Splenorenal Shunt For Symptomatic Hypersplenism With EHPVO

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Background : Extrahepatic portal vein obstruction represents major cause for non-cirrhotic portal hypertension in India. Patient have varied clinical presentation like hematemesis, splenomegaly, portal biliopathy and hypersplenism. Treatment options includes endoscopic therapy and surgery based on the clinical conditions. We present an operative video of proximal splenorenal shunt for a patient with hypersplenism and extrahepatic portal vein obstruction.

Methods : Surgical Video exhibition

Results : Case Report An adolescent girl presented with complaints of hematemesis and passing dark coloured stools. On abdominal examination, massive splenomegaly was noted. Blood investigations revealed thrombocytopenia and leukocytopenia. Upper GI endoscopy showed grade II esophageal varices and portal gastropathy. Abdominal computed tomography reported massive splenomegaly with extrahepatic portal vein obstruction and multiple collaterals. Patient diagnosed with hypersplenism with bicytopenia and extrahepatic portal vein obstruction and she underwent proximal splenorenal shunt. Post operative course uneventful and on two months followup.

Conclusions : In non-cirrhotic portal hypertension due to extrahepatic portal vein obstruction, proximal splenorenal shunt is worthwhile option for patients with symptomatic hypersplenism.

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