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**Title: Acute Portal Vein Thrombosis Post Laparoscopic Sleeve Gastrectomy**

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Portal vein thrombosis (PVT) can be a potentially devastating complication of laparoscopic sleeve gastrectomy (LSG). Portomesenteric thrombosis can lead to mesenteric ischemia or infarction which can be life threatening.

A 34-year-old African American woman with a recent history of laparoscopic sleeve gastrectomy presented 10 days following surgery with increasing abdominal pain, anorexia, nausea and vomiting. The pain was present since the procedure but significantly worsened. There were no hypercoagulable conditions in her family. She did not use oral contraceptives or smoke cigarettes. Physical examination revealed tenderness in the right upper quadrant without peritoneal signs. Her recent surgical incisions were healing well. Ecchymosis was seen in left lower abdomen where she had been injecting enoxaparin as appropriately prescribed. CT abdomen with intravenous contrast revealed an asymmetric irregular low-attenuation change along the course of left portal vein branch of the liver indicative of portal vein thrombosis. She was started on therapeutic dose of enoxaparin then transitioned to warfarin.

High clinical suspicion for PVT is required after LSG, given the non-specific presentation. Most patients tend to present with vague abdominal pain, nausea, and vomiting which can also be seen early in the normal postoperative course of LSG. Increased intraabdominal pressure with carbon dioxide pneumoperitoneum, the pro-inflammatory state associated with baseline obesity and a steep reverse Trendelenburg position are believed to contribute to the prothrombotic state in portomesenteric circulation during LSG. Though not based on randomized controlled trials, current data suggest that LMWH is most effective in preventing thrombosis without increasing bleeding risk for bariatric patients.