

SAFETY OF ANTICOAGULANT TREATMENT IN PATIENTS WITH SPLANCHNIC VEIN THROMBOSIS AND HISTORY OF PORTAL HYPERTENSION-RELATED BLEEDING.

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Background & Aims: Splanchnic vein thrombosis (SVT) can be associated to liver cirrhosis, or prothrombotic conditions, including myeloproliferative disorders, intra-abdominal inflammation, solid cancers, or surgery. While anticoagulation therapy improves outcomes in non-cirrhotic patients and reduces all-cause mortality in cirrhotic populations, its safety in patients with a history of portal hypertension (PH)-related bleeding is less clear. This systematic review examines the impact of anticoagulant therapy on re-bleeding risk in SVT patients with a history of PH-related bleeding.

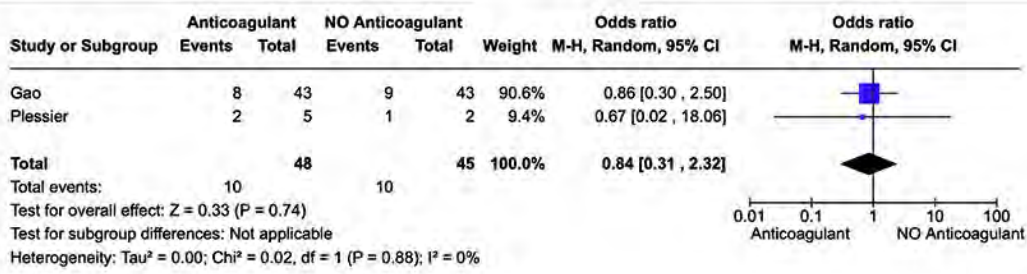
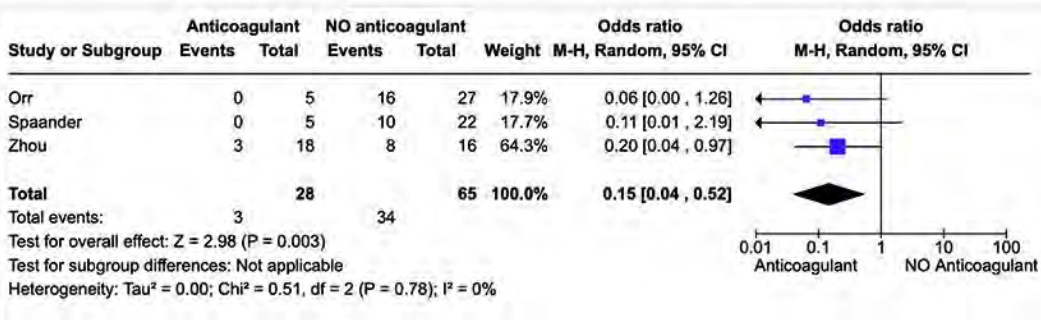
Methods: A systematic review and meta-analysis were conducted according to PRISMA guidelines. A comprehensive search of PubMed, Web of Science, and Scopus was performed for studies published up to September 2024. Studies were included if they compared SVT patients with a history of PH-related bleeding receiving anticoagulant therapy ver-

sus those not receiving anticoagulants. The primary outcome was the cumulative incidence of PH-related re-bleedings.

Results: Of 2,853 identified studies, five (186 participants) met the inclusion criteria: two randomized controlled trials (RCTs) and three observational studies. The cumulative incidence of PH-related re-bleeding was significantly lower in the anticoagulant group at 17.10% [95% CI 17.02, 17.19] compared to the control group at 40.00% [95% CI 39.90, 40.09]. The overall odds ratio (OR) from observational studies was 0.15 [95% CI 0.04, 0.52], indicating a reduced bleeding risk, while the OR from RCTs was 0.84 [95% CI 0.31, 2.32], showing a non-significant trend.

Conclusion: Anticoagulant therapy may reduce re-bleeding risk in SVT patients with a history of PH-related bleeding, but further high-quality studies are needed.

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PH re-bleeding between AC group vs Control group in patients with SVT and history of PH related bleeding (random-effects model) in the NRSs (above) and RCTs (below).

Abbreviations: AC (anticoagulant group), C (control group), CI (confidence interval), NRSs (Non-Randomized Studies), PH (portal hypertension), RCTs (Randomized Controlled Trials), SVT (splanchnic vein thrombosis).