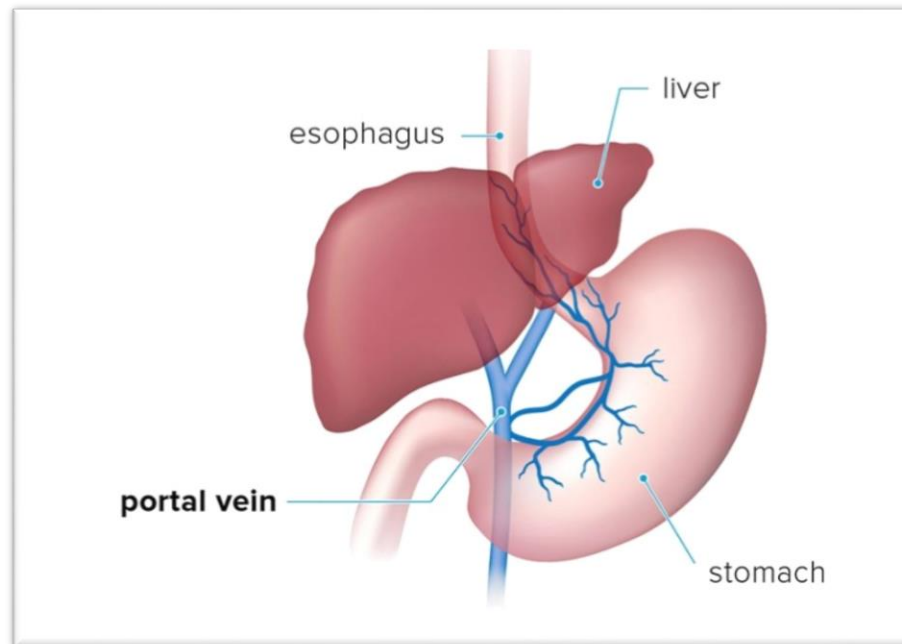


Portal Hypertension



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- Portal hypertension is sustained elevation of portal pressure >12 mmHg. (Normal 8-12)
- An elevation in portal pressure is most commonly found in the presence of liver cirrhosis.



Pathophysiology

- Following liver injury contraction of activated myofibroblast contributes to increased resistance to blood flow.
- This leads to portal hypertension and opening of portosystemic anastomoses.



Causes

Pre hepatic



- Portal vein or splenic vein thrombosis
- Compression due to Pancreas or stomach
- Neonatal umbilical sepsis

Hepatic (80%)



Portal pyaemia Alcoholic cirrhosis

Post hepatic



Budd- chiari syndrome



Presentations

- Oesophageal varices
- Splenomegaly
- Ascites
- Jaundice
- Features of encephalopathy



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Investigations

- Liver function tests
- USS
- Alfa feto protein
- UGIE
- Liver biopsy



Treatment

- Treatment of varices-
- Prevent hepatic encephalopathy
- Treatment of ascites
- Reduce portal pressure
- Surgery- Porto systemic shunt
- TIPSS
- Drugs- Propranolol
- Liver transplantation



Management of bleeding oesophageal varices

- Blood transfusion
- Correct coagulopathy
- Oesophageal balloon tamponade (Sengstaken–Blakemore tube)
- Drug therapy (terlipressin)
- Endoscopic sclerotherapy or banding
- Transjugular intrahepatic portosystemic stent shunts (TIPSS)
- Splenectomy

