

Hypersplenism due to portal hypertension

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Splenomegaly is an invariable feature of portal hypertension (Figure 70.13) and results in the thrombocytopenia and granulocytopenia observed in these patients. These may be improved if the portal hypertension is relieved by shunt surgery or liver transplantation. Splenectomy would normally be required only in those patients whose segmental portal hypertension has resulted in symptomatic oesophagogastric varices either as a standalone procedure in cases with massive splenomegaly due to extrahepatic portal vein obstruction or in combination with proximal lienorenal shunt (see Chapter 69).

Figure 70.13 Computed tomography scan showing an enlarged spleen in a patient with portal hypertension secondary to portal vein thrombosis. Clot is evident within the lumen of the portal vein (black arrow) and large vessels of portosystemic shunts (white arrows) are present at the splenic hilus.

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