Portal hypertension — Role of transjugular liver biopsy and TIPS

Dear Editor,

We have read, with great interest, the article “Portal Hypertension” published in MJAFI 2012; 68:276–79.¹ We would like to offer the following comments.

1. In cases with ascites and deranged bleeding parameters, where conventional liver biopsy is contraindicated, the transjugular route can be employed. We routinely perform transjugular liver biopsies for such patients at this centre.
2. The shunt blockage rate of a TIPSS (Transjugular Intrahepatic Porto Systemic Shunt) procedure was initially high due to the use of bare stents due to leakage of bile into the shunt tract, pseudoendothelialisation and ingrowth of liver tissue. However these challenges have been effectively tackled with the advent of PTFE covered stent grafts like Viatorr®. These grafts have improved the primary patency rates which are now around 86–100% and 80–87% at the end of 01 and 02 years respectively (compared to 47% and 19% for bare stents).^{2,3} In expert hands, TIPSS is a very rewarding procedure that can help in effective management of cases with portal hypertension that have failed on medical management. Cost analysis has shown TIPS to be slightly more cost effective than distal splenorenal shunt in the long term with the procedures being as effective in prevention of variceal re-bleed rates.⁴ DIPS (Direct Intrahepatic Portosystemic Shunt) is a new procedure developed for cases with absent/occluded hepatic veins. TIPSS is also used as a bridge procedure while the patient waits for a suitable liver donor.
3. Interventional Radiologist can also perform embolisation of the varices during the TIPSS/DIPS procedure to help control intractable UGI bleed.

Reply

Dear Sir,

1. I thank the reader for his valuable comments regarding role of transjugular liver biopsy and transjugular intrahepatic portosystemic shunt (TIPS) in portal hypertension (PHT).
2. The transjugular liver biopsy and TIPS are becoming increasingly safe, effective and popular with the increasing availability and experience of interventional radiologists, as well as advent of PTFE covered stent grafts. The role of TIPS and DIPS (direct intrahepatic portosystemic shunt) as an emergency measure to control a GI haemorrhage after a failed attempt to do that by medical means and to function as a bridge procedure, waiting for a liver transplant, in case of PHT with cirrhosis is of course well accepted and increasing.¹
3. In India, however, as a majority of cases are of non-cirrhotic portal hypertension,² having a normal liver function and belonging to remote and rural areas with a

REFERENCES

1. Banerjee JK. Portal hypertension. MJAFI. 2012;68:276–279.
2. Bureau C, Garcia-Pagan JC, Ota P, et al. Improved clinical outcome using polytetrafluoroethylene-coated stents for TIPS: results of a randomized study. *Gastroenterology*. 2004;126:469–475.
3. Gandini Roberto, Konda Daniel, Simonetti Giovanni. Transjugular intrahepatic portosystemic shunt patency and clinical outcome in patients with Budd–Chiari syndrome. *Radiology*. 2006;241:298–305.
4. Boyer Thomas D, Haskal Ziv J. The role of transjugular intrahepatic portosystemic shunt (TIPS) in the management of portal hypertension: update 2009. *Hepatology*; 2010;1–16. AASLD practice guideline update.

Contributed by

Col Kamal Pathak*

Senior Advisor (Pathology & Interventional Radiology),
Military Hospital (Cardio Thoracic Center), Pune-40, India

Lt Col Deep Yadav

Graded Specialist (Radiology),
Military Hospital (Cardio Thoracic Center), Pune-40, India

*Corresponding author. Tel.: +91 020 26026177.

E-mail address: pathakamal@gmail.com

Available online 3 April 2013

0377-1237/\$ — see front matter

© 2013, Armed Forces Medical Services (AFMS). All rights reserved.

<http://dx.doi.org/10.1016/j.mjafi.2013.02.012>

poor economic status. For them a onetime surgical procedure in form of a well done leino-renal shunt is probably still a better option. The requirement of repeated follow up investigations is less mandatory. The added advantage of splenectomy helps in growth spurt (in adolescents with growth retardation), reverses the hypersplenism and discomfort related to an enlarged spleen.³

REFERENCES

1. Boyer T, Haskal Z. American Association of Study of Liver Disease (AASLD), AASLD practice guidelines: the role of transjugular intrahepatic portosystemic shunt (TIPS) in the management of portal hypertension. *Hepatology*. 2010;51:1–16.
2. Dhiman RK, Chawla Y, Vashista RK, et al. Non-cirrhotic portal fibrosis (Idiopathic portal hypertension): experience with 151

- patients and a review of literature. *J Gastroenterol Hepatol*. 2001; 17:6–16.
3. Pal S, Sahni P. Extrahepatic portal venous obstruction: is the knife irrelevant? *Indian J Gastroenterol*. 2009;28:198–200.

E-mail address: jkbanerjee4676@yahoo.co.in

Available online 18 April 2013

DOI of original article: <http://dx.doi.org/10.1016/j.mjafi.2013.02.012>

Contributed by
Brig J.K. Banerjee
Consultant (Surgery & GI Surgery), Command Hospital
(Central Command), Lucknow 226002, India

0377-1237/\$ – see front matter
© 2013, Armed Forces Medical Services (AFMS). All rights reserved.
<http://dx.doi.org/10.1016/j.mjafi.2013.02.019>