Portal Hypertension

BY DR. FIRAS F. MUSSA

If you have liver disease or other liver problems, you may develop portal hypertension. As cirrhosis of the liver progresses, blood is unable to flow normally through your liver, which filters toxins from the blood. Instead, the blood backs up and causes bleeding and the accumulation of fluid inside your abdomen.

CHRONIC;

Portal hypertension lasts as long as your liver disease or another underlying condition exists.

PREVENTING COMPLICATIONS IS IMPORTANT;

Leads to an enlarged spleen that may reduce platelets in your blood, which are responsible for clotting (stopping bleeding). If excess fluid develops in your abdomen (a condition called ascites), the fluid may become infected (spontaneous bacterial peritonitis).

Find a vascular specialist near you

The information contained on Vascular.org is not intended, and should not be relied upon, as a substitute for medical advice or treatment. It is very important that individuals with specific medical problems or questions consult with their doctor or other health care professional.

Symptoms

MAY BE ABSENT
Usually does not cause symptoms until complications develop.

**CHANGES IN THE ABDOMEN**

You may notice new blood vessels visible on the skin of your abdomen, a bloated feeling due to excess fluid (a condition called ascites).

**BLEEDING**

You may vomit blood or pass dark or tar-like stools due to bleeding from extremely dilated blood vessels (varices), in your esophagus, stomach or colon.

**Causes**

In Western countries, the most common cause is liver cirrhosis.

**SOME SPECIFIC ADDITIONAL CAUSES INCLUDE:**

- A clot in the main vein that leads to your liver (portal vein thrombosis).
- A clot in the vein that connects your liver and your heart (Budd-Chiari Syndrome).
- Less commonly, infection can lead to similar problems.

**Diagnosis**

**SEE A VASCULAR SURGEON IF YOU:**

- Have liver disease.
- Experience any of the symptoms above.

You will be asked questions about symptoms and medical history, including questions about family members. Your vascular surgeon will also perform a physical exam.

**TESTS MAY BE RECOMMENDED:**

In cases where the diagnosis is not straightforward, your vascular surgeon may perform some invasive testing to measure the pressure in the vein or obtain liver tissue to better diagnose the problem.

**Treatments**

The underlying cause must be treated to prevent or successfully treat portal hypertension and its complications.

**DIET AND MEDICATION**

If fluid accumulates inside your abdomen (a condition called ascites), treatment often starts with dietary changes to restrict salt, and diuretics (water pills) to reduce water retention.

**ENDOSCOPIC THERAPY**

If bleeding occurs, you may need an endoscopy to look for extremely dilated blood vessels (varices). During the endoscopy the varices can be tied or banded and medication may be prescribed following the procedure to help control bleeding.

**TIPS PROCEDURE**

In severe cases, a TIPS procedure (transjugular intrahepatic portosystemic shunt) may be required. This is usually performed by a radiologist and may require anesthesia.

**SURGERY**

Rarely required.

---

**Staying Healthy**

- Stay active.
- Be on the lookout for the symptoms above.
- Ask your vascular surgeon how you can control or slow the progression of your liver disease or other underlying cause.

Find a vascular specialist near you.