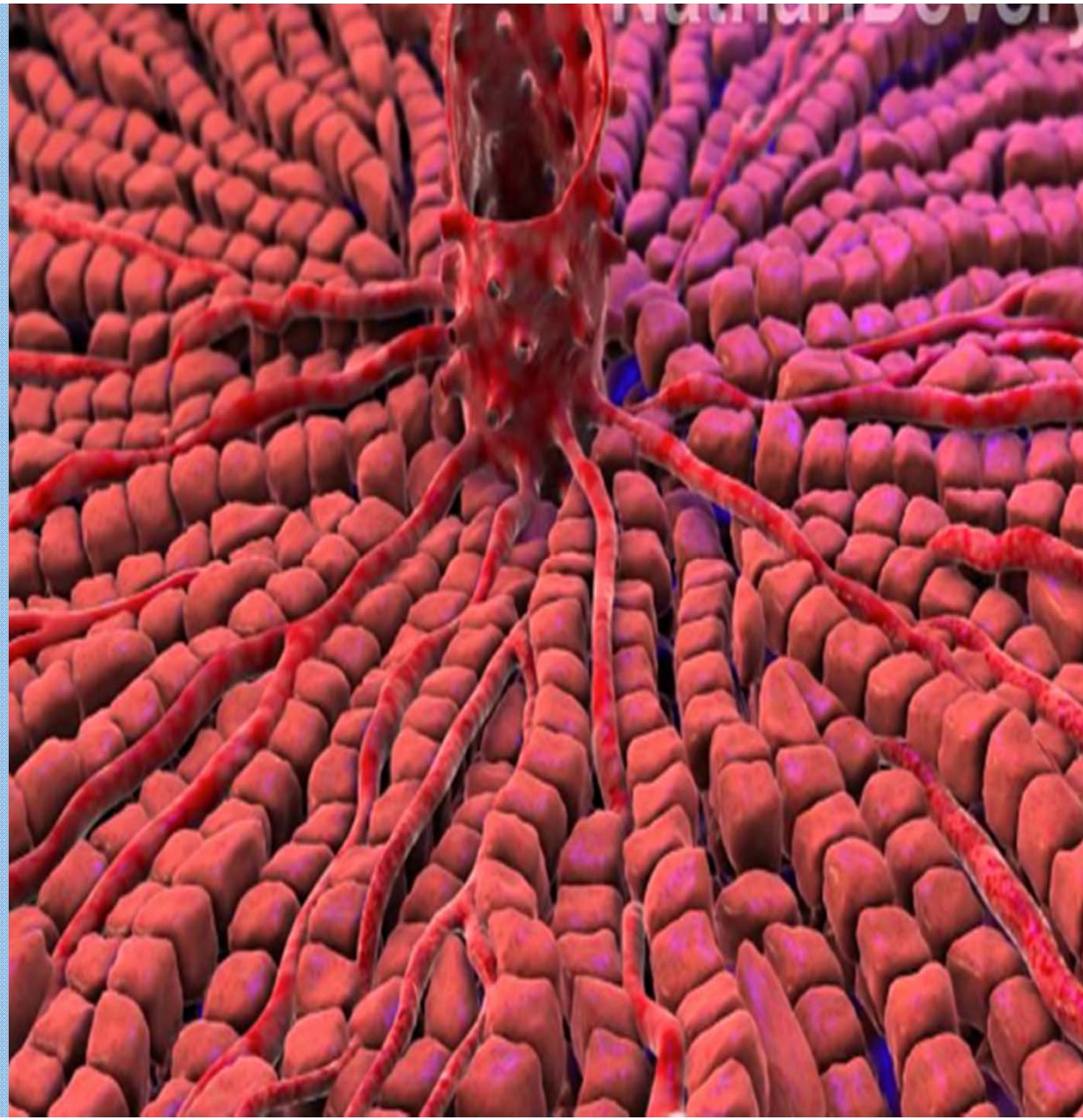
ΙΔΙΟΠΑΘΗΣ ΜΗ ΚΙΡΡΩΤΙΚΗ ΠΥΛΑΙΑ ΥΠΕΡΤΑΣΗ

ΦΩΤΗΣ ΚΩΝΣΤΑΝΤΙΝΟΥ
ΕΙΔΙΚΕΥΟΜΕΝΟΣ
Α’ ΠΑΘΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ
Γ. Ν. Α. Ο ΕΥΑΓΓΕΛΙΣΜΟΣ



Τι είναι πυλαία υπέρταση

HVPG κφ:<5mmHg

(hepatic vein pressure gradient)

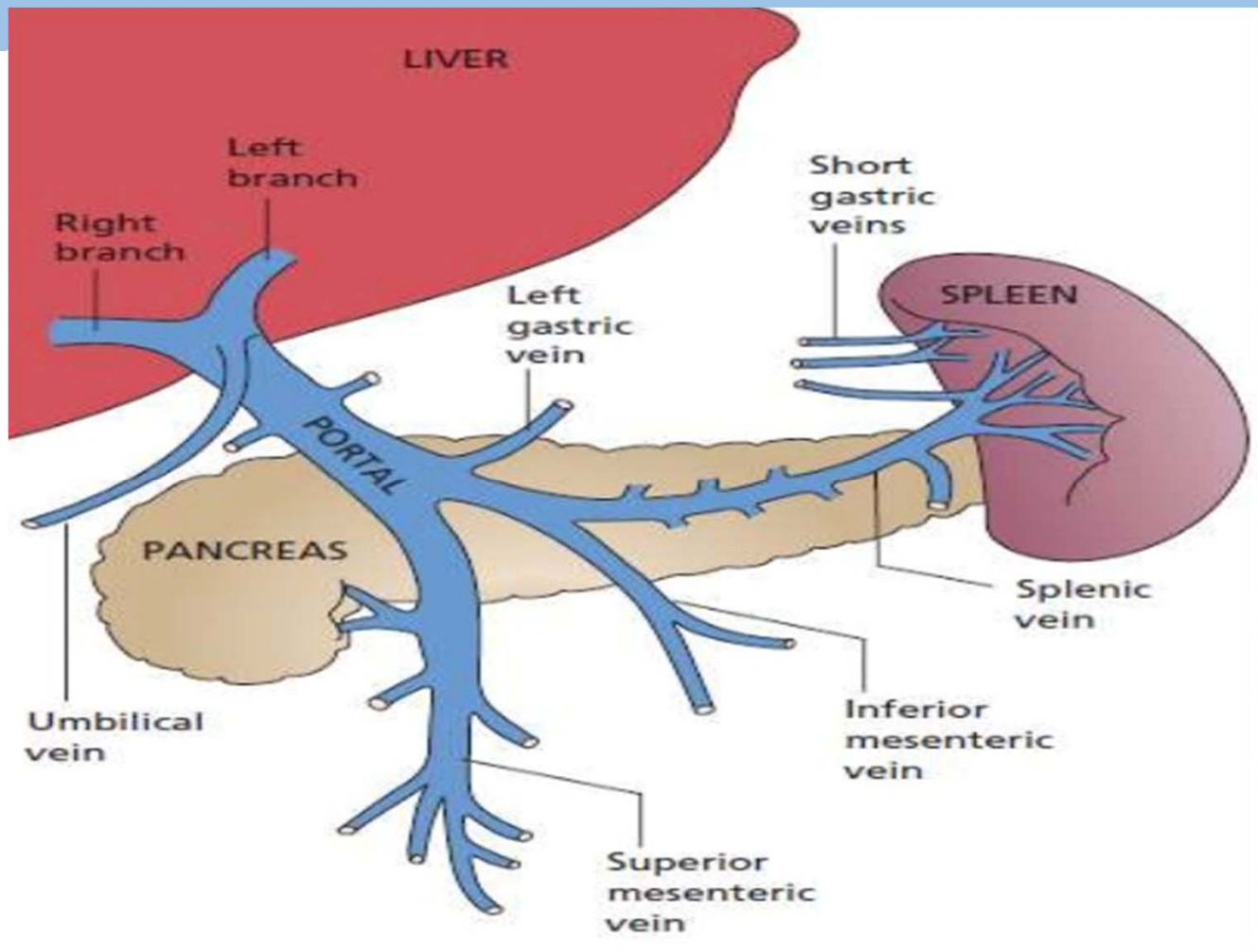
=

WHVP

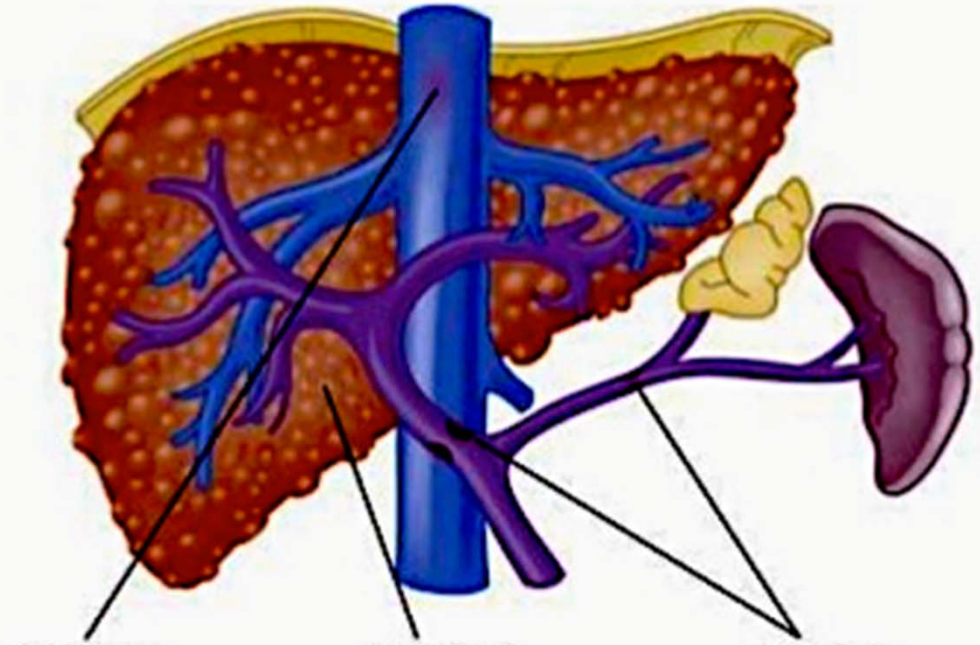
(wedge hepatic vein pressure)

—

FHVP*(free hepatic vein pressure)*



Portal HTN :causes



Posthepatic
Budd-Chiari syndrome
Constrictive pericarditis
Inferior vena caval obstruction
Right-sided heart failure
Severe tricuspid regurgitation

Intrahepatic
Presinusoidal
- Idiopathic portal hypertension
- Primary biliary cirrhosis
- Sarcoidosis
- Schistosomiasis

Sinusoidal
- Alcoholic cirrhosis
- Alcoholic hepatitis
- Cryptogenic cirrhosis
- Postnecrotic cirrhosis

Postsinusoidal
- Sinusoidal obstruction syndrome

Prehepatic
Portal vein thrombosis
Splenic vein thrombosis

1889 Banti

1962 Ινδία

1965 Mikkelsen

Boyer

1990 Wanless

2002 Hillaire

2011-Schouten Ιδιοπαθής Μη Κιρρωτική Πυλαία Υπέρταση (INCPH)

Οζώδης αναγεννητική υπερπλασία(NRH)

Εστιακή οζώδης μετατροπή(partial nodular transformation)

Ατελής διαφραγματική κίρρωση

Ιδιοπαθής πυλαία υπέρταση

Περικεντρική πάχυνση πυλαίας και κλάδων της

"Ηπατοπυλαία σκλήρυνση”

Έμφαση στην ύπαρξη προθρομβωτικού μηχανισμού ως πρωτοπαθούς παθογενετικού μηχανισμού

Η αυξημένη πίεση είναι η πρωτοπαθής διαταραχή και εξ αυτής προκαλείται αγγειακό remodelling και παρεγχυματικό remodelling

Σπληνομεγαλία

Υπερσπληνισμός (χωρίς αιματολογική νόσο)

Σκλήρυνση της πυλαίας φλέβας

Πυλαία υπέρταση

Χωρίς κίρρωση

Χωρίς εξωηπατική απόφραξη

Wanless IR. Micronodular transformation (nodular regenerative hyperplasia) of the liver: a report of 64 cases among 2,500 autopsies and a new classification of benign hepatocellular nodules. HEPATOLOGY 1990; 11:787-797.

Hillaire S, Bonte E, Denninger MH, Casadevall N, Cadranel JF, Lebrec D, et al. Idiopathic non-cirrhotic intrahepatic portal hypertension in the West: a re-evaluation in 28 patients. Gut 2002;51:275-280.

1889 1962 1965 Boyer 1990 2002

Κριτήρια Διάγνωσης ΙΜΚΠΥ

2011-Schouten
Ιδιοπαθής
Μη Κιρρωτική
Πυλαία Υπέρταση
(INCPH)

Ιστολογικός αποκλεισμός κίρρωσης

Αποκλεισμός παραγόντων κινδύνου για χρόνια ηπατική νόσο
- Χρόνιες ιογενείς ηπατίτιδες
- Αλκοολική και μη αλκοολική στεατοηπατίτιδα
- Αυτοάνοσα νοσήματα που προσβάλλουν το ήπαρ
- Φάρμακα-Τοξίνες
- N. Wilson
- Πρωτοπαθής Αιμοχρωμάτωση
- A1 αντιθρυψίνη
- Πρωτοπαθής χολική κίρρωση

Πυλαία και ηπατικές φλέβες βατές

Κιρσοί οισοφάγου

Μη κακοήθης ασκίτης

Σπληνομεγαλία

Πυλαιοσυστηματικές αναστομώσεις

Πυλαία Υπέρταση

HVPG ήπια αυξημένη

Χωρίς κίρρωση

Χωρίς εξωηπατική απόφραξη

Κλινική εικόνα

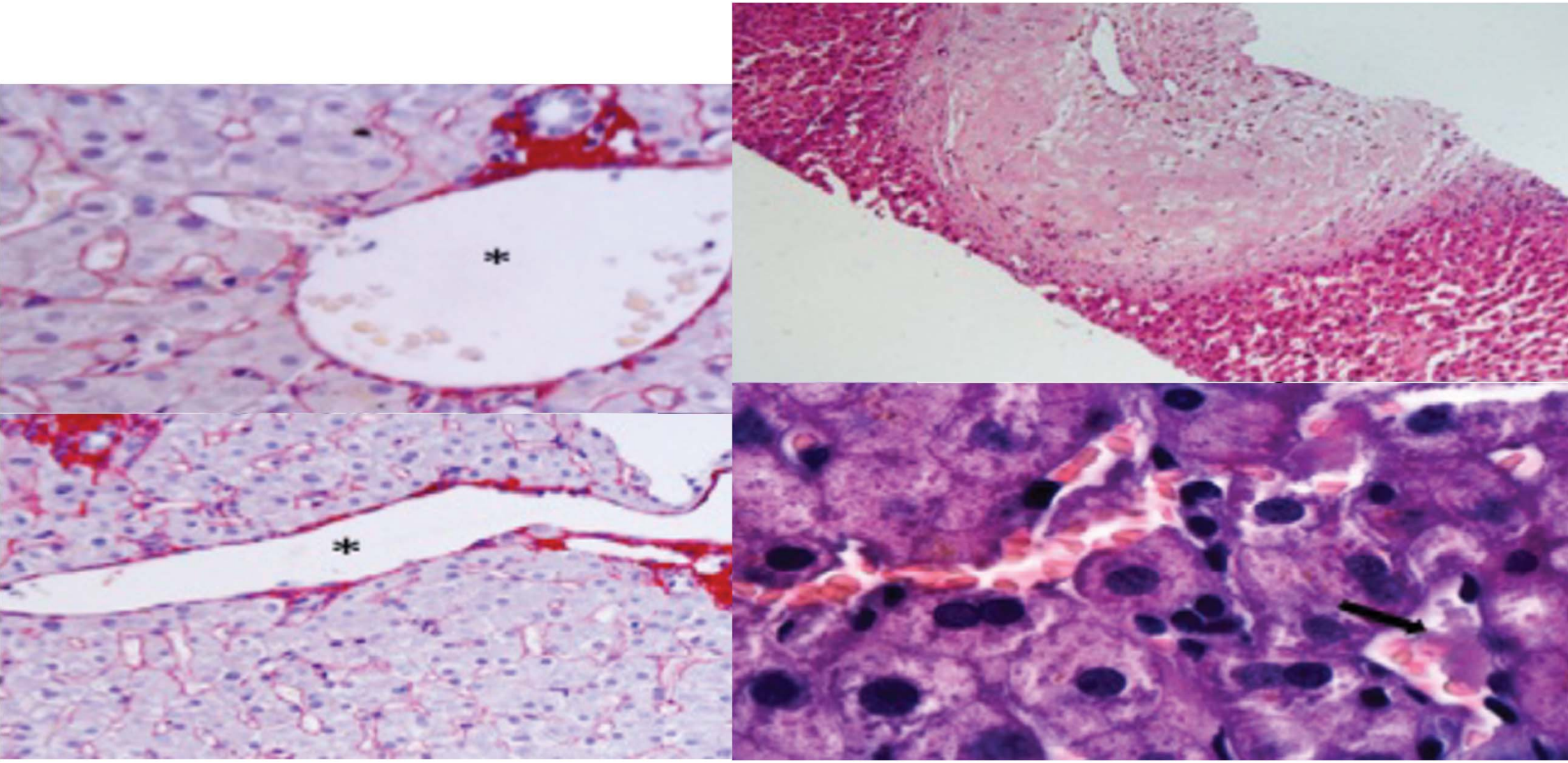
Ινδία	**Δυτικός κόσμος**
23%(1980)-πτωτική τάση	3-5%
40yo	50yo
♂	♀

- Κιρσορραγία-72%*(Ινδία)*
- Σπληνομεγαλία-14%*(Ινδία)*, 68,9%*(Δύση)*
- Ασκίτης 50%
- LFT 30%
- Ηπατοπνευμονικό σύνδρομο-10%
- Ηπατική εγκεφαλοπάθεια-7-8%
- Θρόμβωση πυλαίας-πιο συχνή συγκριτικά με κίρρωση
- Επιβίωση: 100%(1y) 78%(5y) 56%(10Y)

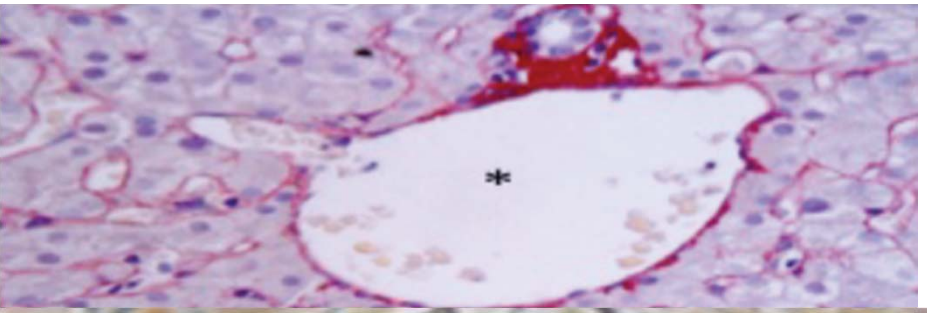
Jeoffrey N.L. Schouten, Juan C. Garcia-Pagan, Dominique C. Valla, and Harry L.A. Janssen. Idiopathic Noncirrhotic Portal Hypertension. Hepatol 2011;54:1071-1081

Παθογένεια ΙΜΚΠΥ

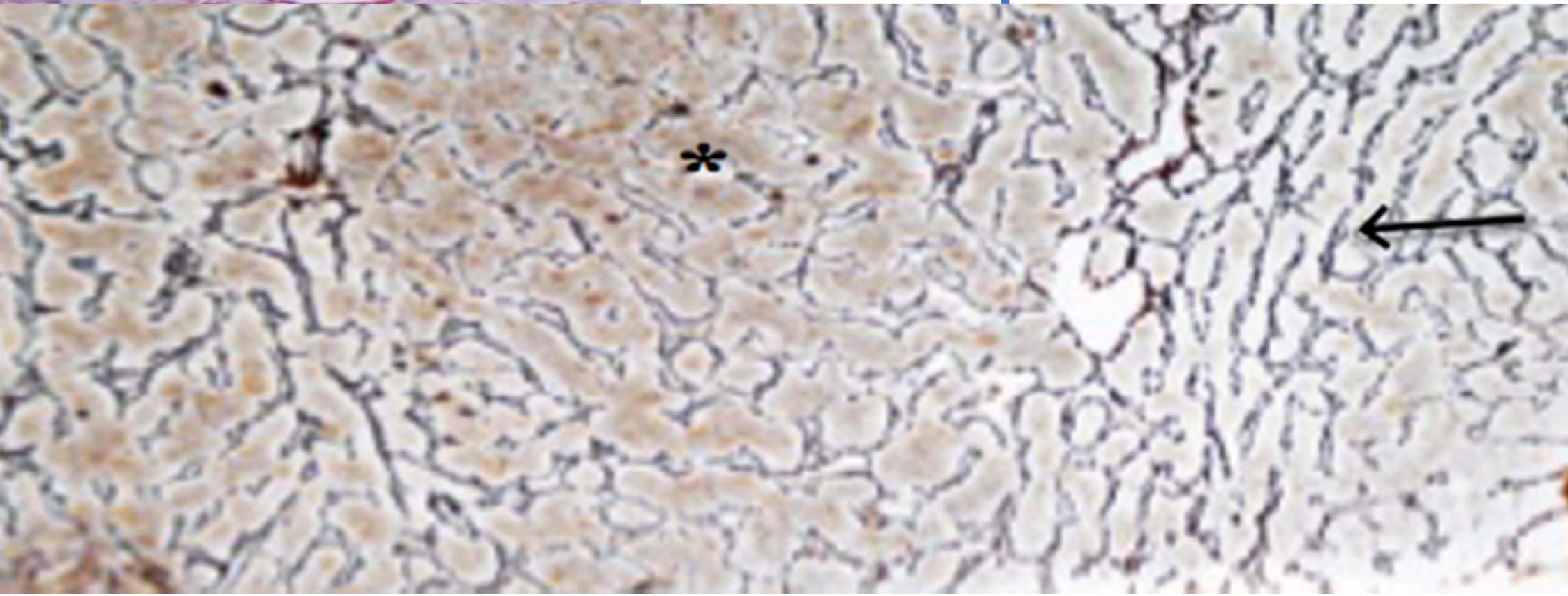
Ανοσολογικές διαταραχές	**Λοιμώξεις**	**Φάρμακα-Τοξίνες**	**Αιματολογικά νοσήματα**	**Γενετικές διαταραχές**
ΣΕΛ	Βακτηριακές λοιμώξεις του εντέρου-σηπτικά έμβολα	Διδανοσίνη	Μυελοϋπερπλαστικά	σ. Turner
κοιλιοκάκη		AZA	Λεμφοϋπερπλαστικά	
ν. Crohn’s		6-θειογουανίνη		
πρωτοπαθής υπογαμμα-σφαιριναιμία	HIV	Αρσενικό		
		Βουσουλφάνη		



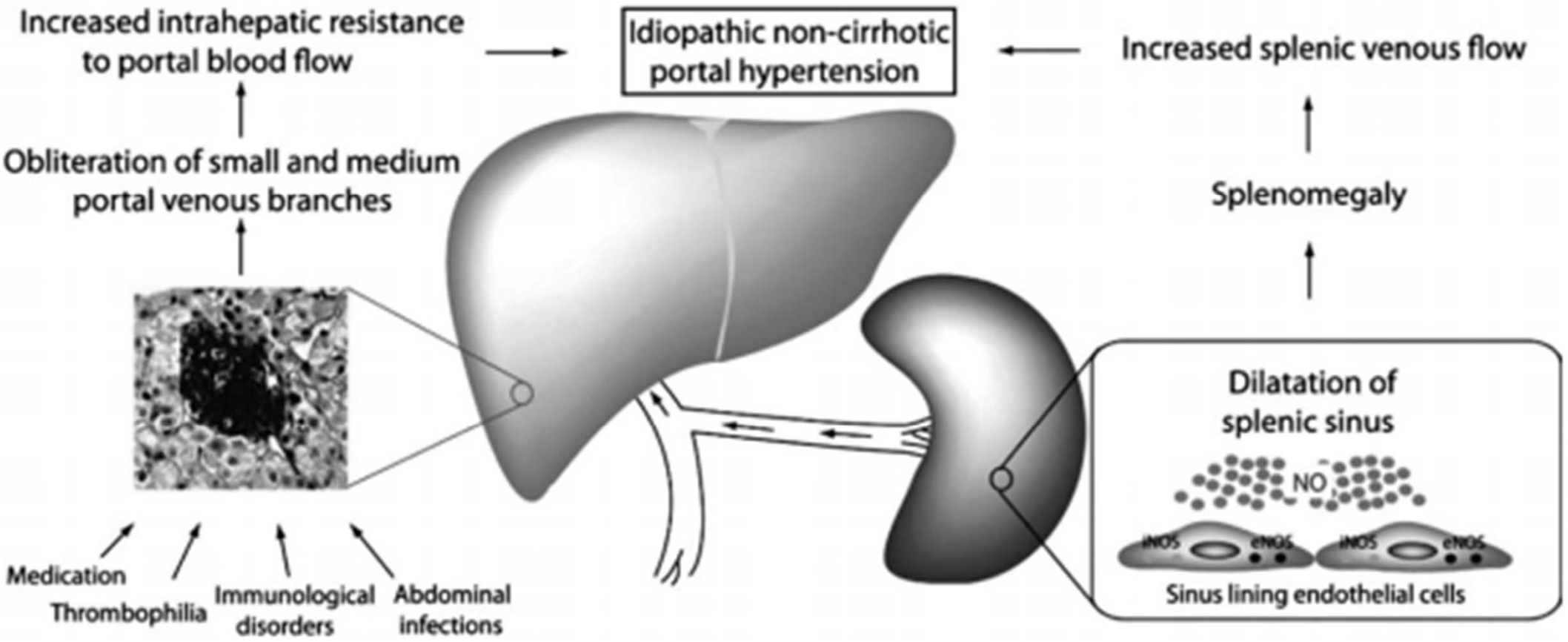
Jeoffrey N.L. Schouten, Juan C. Garcia-Pagan, Dominique C. Valla, and Harry L.A. Janssen. Idiopathic Noncirrhotic Portal Hypertension. Hepatol 2011;54:1071-1081



Διατάσεις ενδοηπατικών κλάδων της πυλαίας



Jeoffrey N.L. Schouten, Juan C. Garcia-Pagan, Dominique C. Valla, and Harry L.A. Janssen. Idiopathic Noncirrhotic Portal Hypertension. Hepatol 2011;54:1071-1081

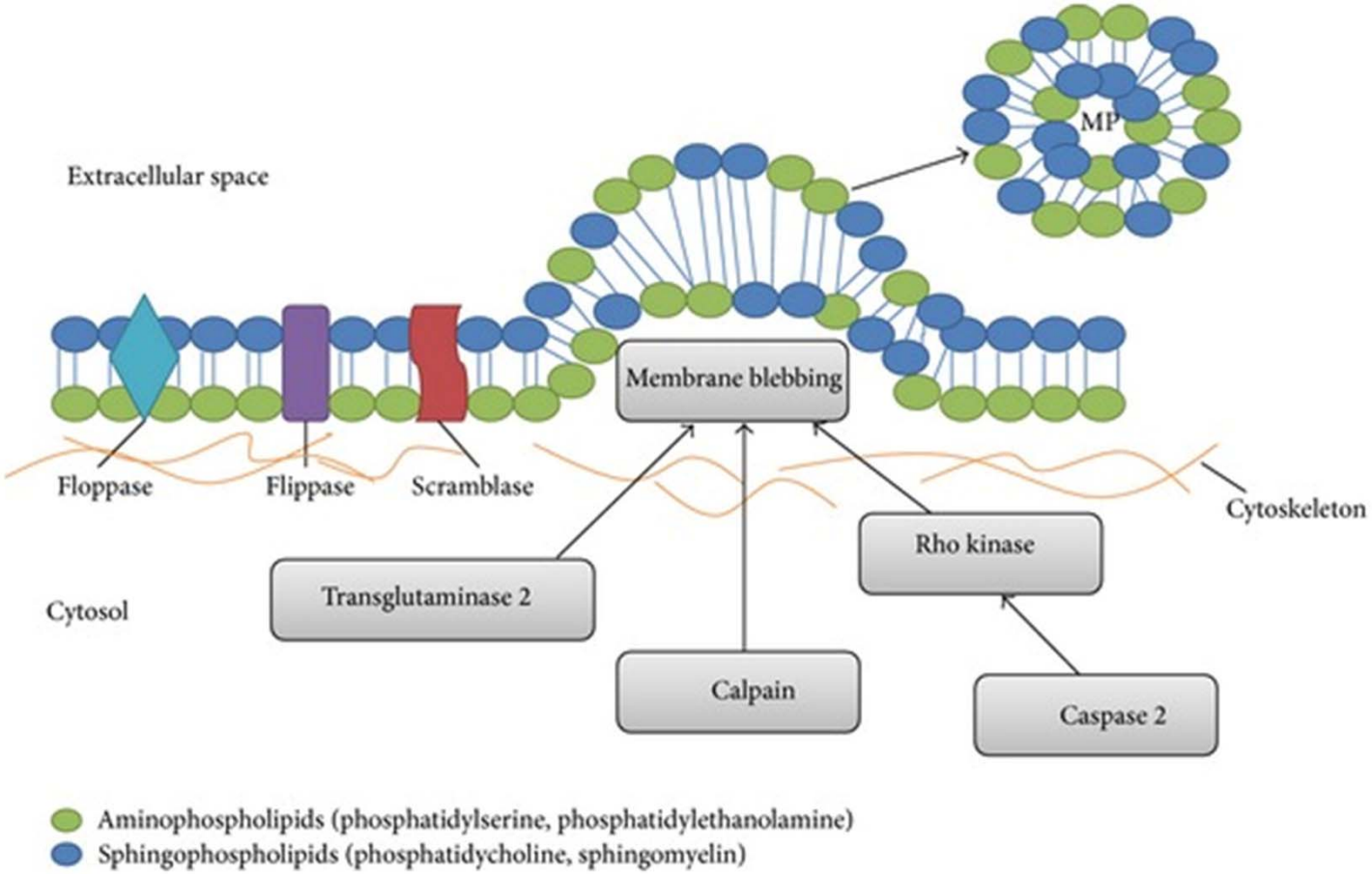

Increased intrahepatic resistance to portal blood flow
Idiopathic non-cirrhotic portal hypertension
Increased splenic venous flow
Obliteration of small and medium portal venous branches
Splenomegaly
Dilatation of splenic sinus
NO
eNOS
iNOS
eNOS
iNOS
Sinus lining endothelial cells
Medication
Thrombophilia
Immunological disorders
Abdominal infections

Προθρομβωτική διάθεση(1)

- Συγγενής
  - Protein C, S, ATIII deficiency
  - V Leiden factor
  - MTHFR mutations
  - Prothrombin G20210A
  - Οικογενής δυσινωδογοναιμία
- Επίκτητη
  - ΣΕΛ, APL
  - HIT, TTP, PNH
  - Εγκυμοσύνη
  - Αντισυλληπτικά
  - Νεφρωσικό σ.
  - Νεοπλασία
  - Παχυσαρκία

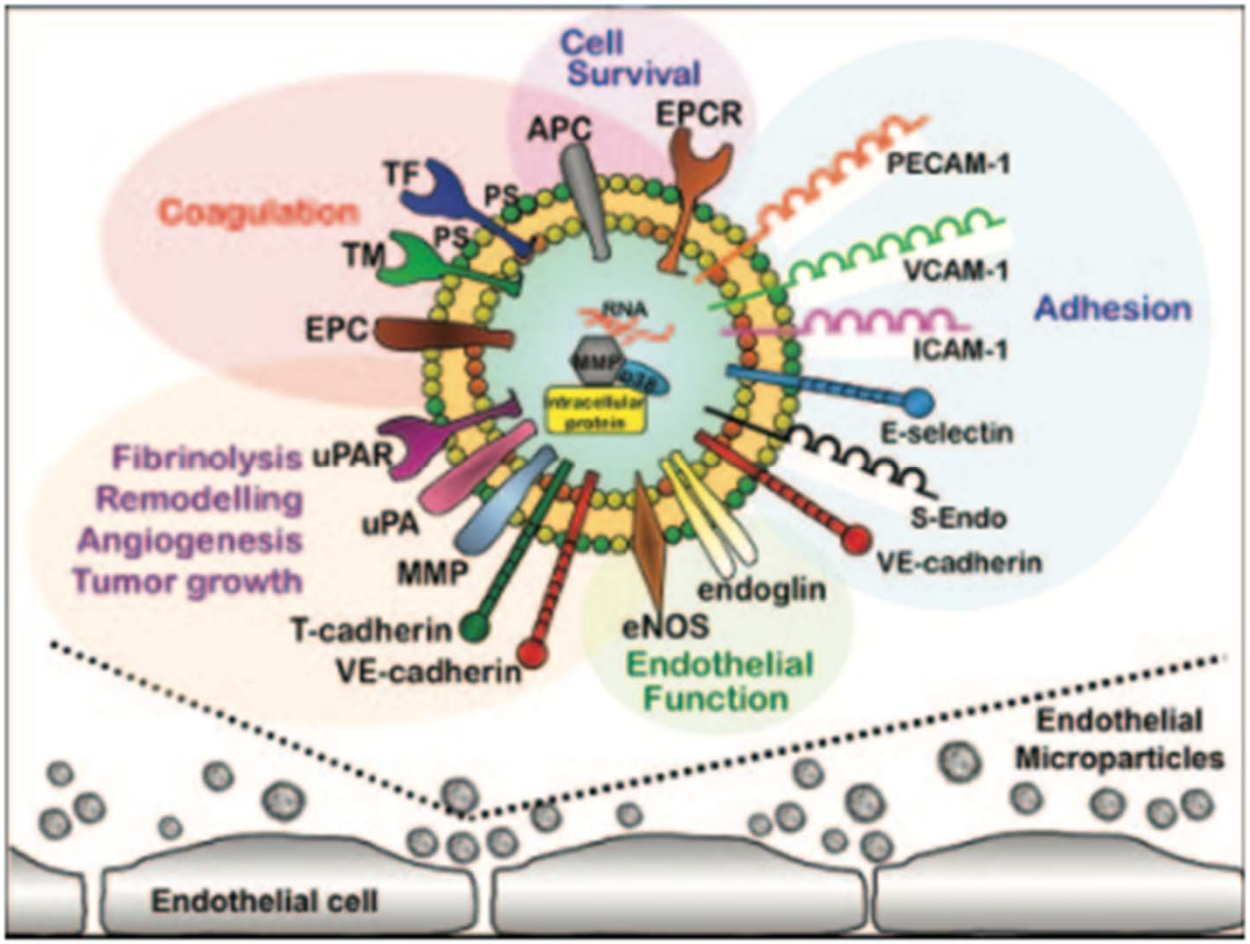
Προθρομβωτική διάθεση(2)

Η θεωρία των μικροσωματιδίων



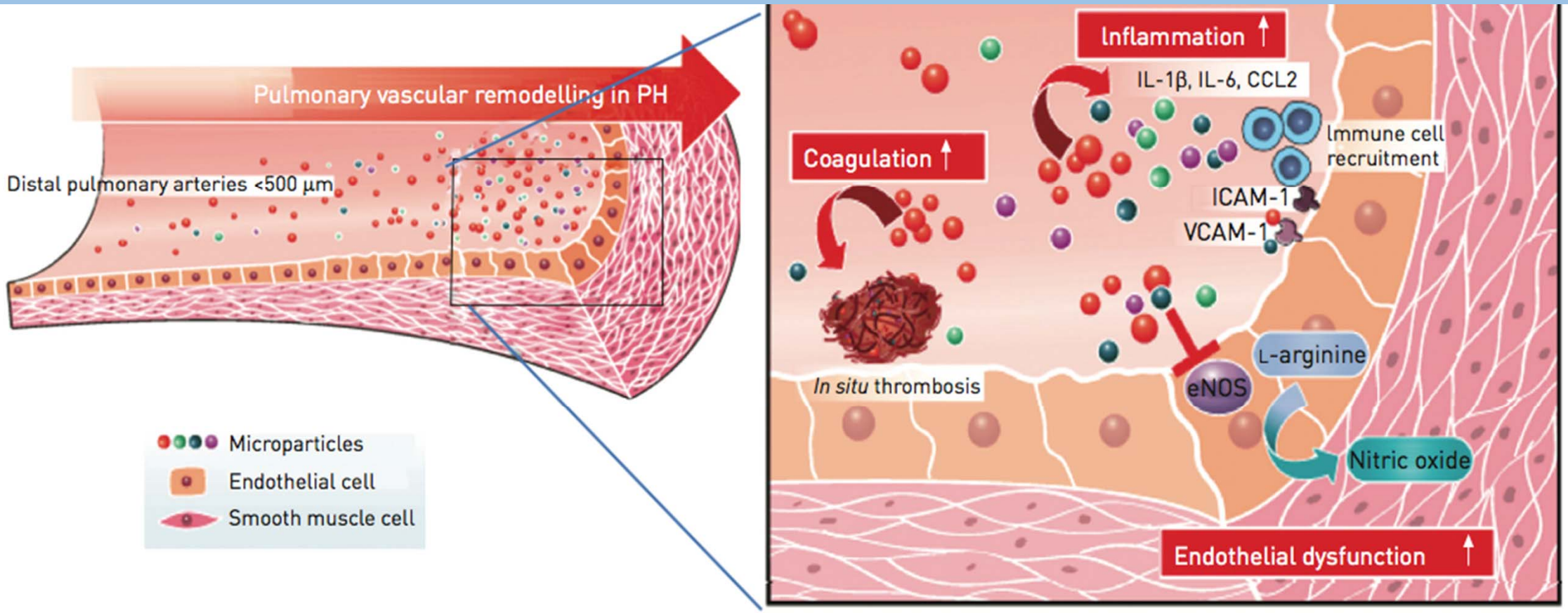
Προθρομβωτική διάθεση(2)

Η θεωρία των μικροσωματιδίων



Προθρομβωτική διάθεση(2)

Η θεωρία των μικροσωματιδίων



Προθρομβωτική διάθεση(2)

Η θεωρία των μικροσωματιδίων

Nat Rev Gastroenterol Hepatol. 2014 Jun;11(6):350-61. doi: 10.1038/nrgastro.2014.7. Epub 2014 Feb 4.

The emerging roles of microvesicles in liver diseases.

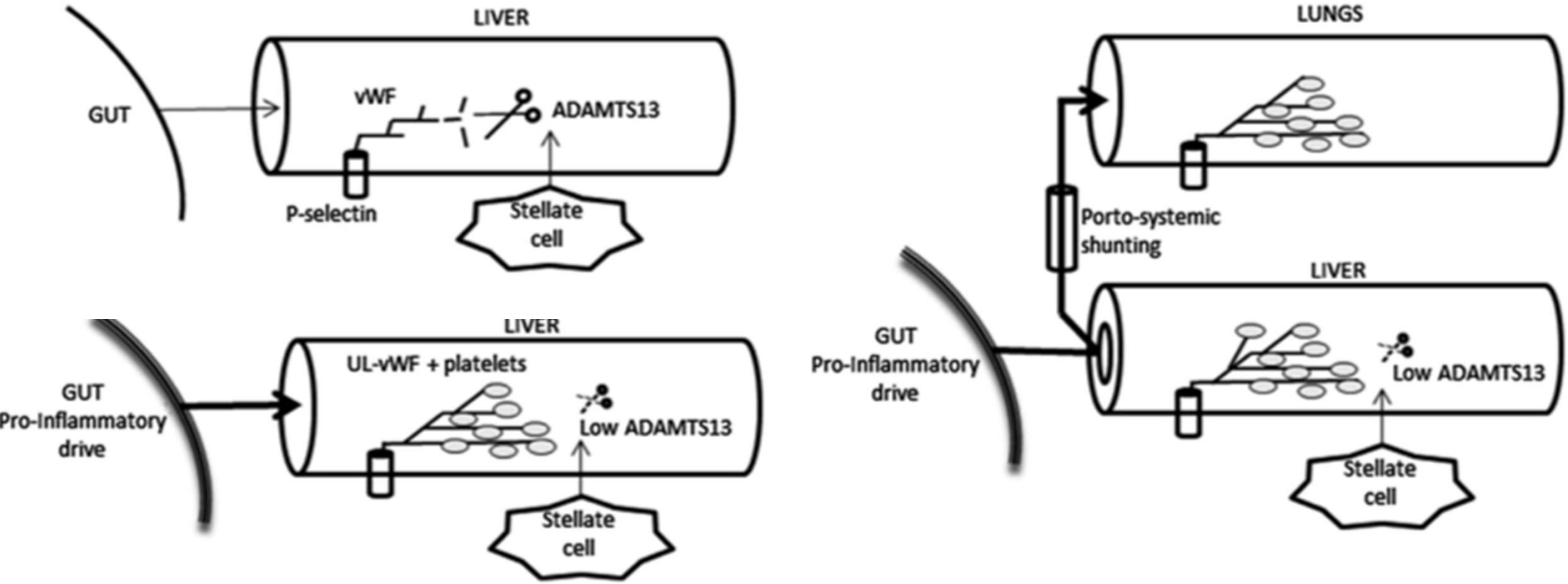
Lemoinne S[1], Thabut D[1], Housset C[1], Moreau R[2], Valla D[3], Boulanger CM[4], Rautou PE[4].

⊕ **Author information**

Abstract

Microvesicles (MVs) are extracellular vesicles released by virtually all cells, under both physiological and pathological conditions. They contain lipids, proteins, RNAs and microRNAs and act as vectors of information that regulate the function of target cells. This Review provides an overview of the studies assessing circulating MV levels in patients with liver diseases, together with an insight into the mechanisms that could account for these changes. We also present a detailed analysis of the implication of MVs in key processes of liver diseases. MVs have a dual role in fibrosis as certain types of MVs promote fibrolysis by increasing expression of matrix metalloproteinases, whereas others promote fibrosis by stimulating processes such as angiogenesis. MVs probably enhance portal hypertension by contributing to intrahepatic vasoconstriction, splanchnic vasodilation and angiogenesis. As MVs can modulate vascular permeability, vascular tone and angiogenesis, they might contribute to several complications of cirrhosis including hepatic encephalopathy, hepatopulmonary syndrome and hepatorenal syndrome. Several results also suggest that MVs have a role in hepatocellular carcinoma. Although MVs represent promising biomarkers in patients with liver disease, methods of isolation and subsequent analysis must be standardized.

Προθρομβωτική διάθεση(3)



Goel A. Idiopathic Non-Cirrhotic Intrahepatic Portal Hypertension (NCIPH)—Newer Insights into Pathogenesis and Emerging Newer Treatment Options. Journal of Clinical and Experimental Hepatology. Sep 2014. Vol. 4. No. 3. 247–256

Histopathology. 2016 Nov;69(5):762-774. doi: 10.1111/his.13026. Epub 2016 Aug 19.

Littoral cell angioma of the spleen: a study of 25 cases with confirmation of frequent association with visceral malignancies.

Peckova K[1], Michal M[2,3], Hadravsky L[2], Suster S[4], Damjanov I[5], Miesbauerova M[2], Kazakov DV[2], Vernerova Z[6], Michal M[2].

Author information

Abstract

AIMS: Littoral cell angioma (LCA) is a rare primary splenic tumour that is frequently associated with internal malignancies. Immunohistochemistry can demonstrate a distinct hybrid endothelial-histiocytic phenotype of littoral cells, and is a helpful adjunct for making the correct diagnosis. The aims of this study were to present a series of 25 LCAs, with an emphasis on the frequent association of the neoplasm with visceral malignancies, and to provide a detailed immunohistochemical analysis by employing new markers.

METHODS AND RESULTS: All 25 cases with available tissue blocks were immunohistochemically stained for endothelial and histiocytic markers. Clinical and follow-up data were retrieved from the respective institutions. The tumours were obtained from 16 males and nine females, whose age ranged from 32 to 86 years (mean 56.2 years). Clinical information was available for 24 of 25 patients, and follow-up for 11 of 25 patients (range 2-19 years; mean 11.6 years). Immunohistochemically, all cases were positive for LYVE-1, factor VIII, FLI-1, vascular endothelial growth factor receptor (VEGFR)-2, VEGFR-3, claudin-5, ERG, LMO2, CD31, CD163, lysozyme, and CD4, but negative for D2-40, CD8, and factor XIIIa. Fifteen of 25 cases were associated with various malignancies, including epithelial, mesenchymal and haematological tumours.

CONCLUSIONS: The cohort of 25 patients is the largest series of LCAs published to date. By using antibodies against recently introduced endothelial markers, we have expanded the immunoprofile of LCA. We have further highlighted the clinical significance of LCA, as more than half of the patients in this study also harboured a coexisting visceral malignancy. Therefore, we conclude that the finding of splenic LCA mandates a thorough clinical evaluation for a concomitant malignancy.

Acta Haematol. 2000;104(2-3):131-4.

Littoral cell angioma associated with portal hypertension and resected colon cancer.

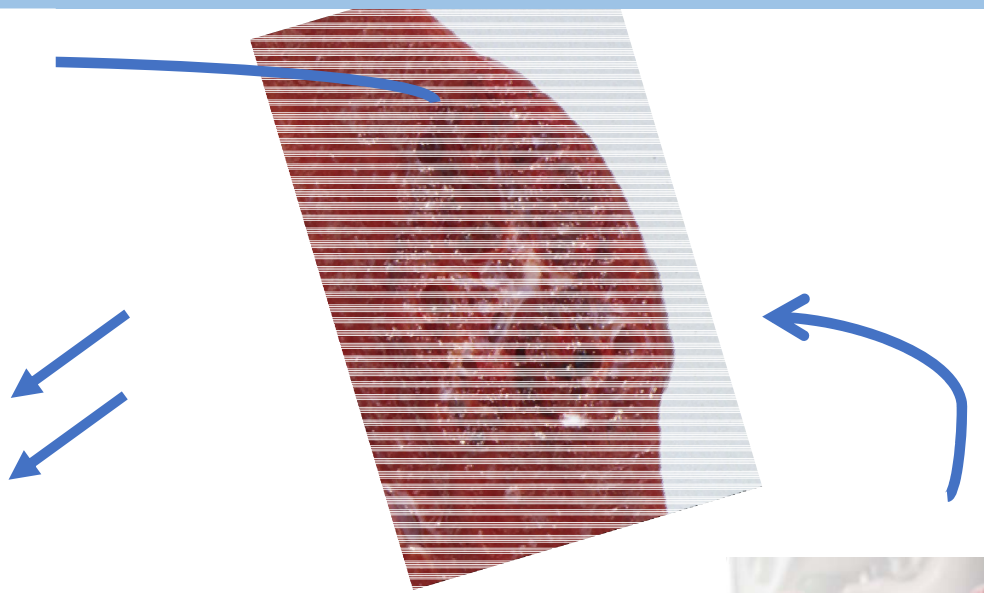
Steensma DP[1], Morice WG.

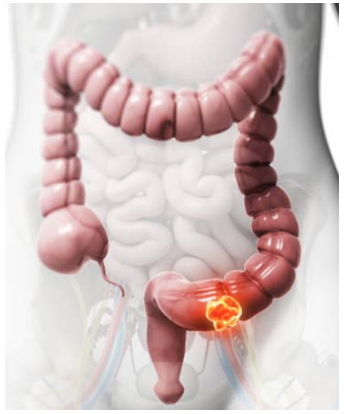
Author information

Abstract

Littoral cell angioma (LCA) is a rare vascular tumor of the spleen with an unknown etiology and unclear natural history. An association with synchronous malignancy has been described. We report the case of a 54-year-old woman who had progressive splenomegaly over 3 years following resection of a colon adenocarcinoma. The splenomegaly was associated with portal hypertension and severe thrombocytopenia. Splenectomy was performed, and the histologic and immunocytochemical features of the spleen specimen were consistent with LCA. The relationship between LCA and malignancy is reviewed.

Ανακεφαλαίωση





J Invest Surg. 2016;29(1):20-31. doi: 10.3109/08941939.2015.1047540. Epub 2015 Sep 16.

Endothelial- and Platelet-Derived Microparticles Are Generated During Liver Resection in Humans.

Banz Y[1], Item GM[2], Vogt A[3], Rieben R[4], Candinas D[2], Beldi G[2].

⊕ Author information

Abstract

BACKGROUND: Cell-derived plasma microparticles (<1.5 μm) originating from various cell types have the potential to regulate thrombogenesis and inflammatory responses. The aim of this study was to test the hypothesis that microparticles generated during hepatic surgery co-regulate postoperative procoagulant and proinflammatory events.

METHODS: In 30 patients undergoing liver resection, plasma microparticles were isolated, quantitated, and characterized as endothelial (CD31+, CD41-), platelet (CD41+), or leukocyte (CD11b+) origin by flow cytometry and their procoagulant and proinflammatory activity was measured by immunoassays.

RESULTS: During liver resection, the total numbers of microparticles increased with significantly more Annexin V-positive, endothelial and platelet-derived microparticles following extended hepatectomy compared to standard and minor liver resections. After liver resection, microparticle tissue factor and procoagulant activity increased along with overall coagulation as assessed by thrombelastography. Levels of leukocyte-derived microparticles specifically increased in patients with systemic inflammation as assessed by C-reactive protein but are independent of the extent of liver resection.

CONCLUSIONS: Endothelial and platelet-derived microparticles are specifically elevated during liver resection, accompanied by increased procoagulant activity. Leukocyte-derived microparticles are a potential marker for systemic inflammation. Plasma microparticles may represent a specific response to surgical stress and may be an important mediator of postoperative coagulation and inflammation.

KEYWORDS: Microparticles; endothelium; liver resection; patients; platelets

ΕΥΧΑΡΙΣΤΩ