SUMMARY AND CONCLUSION

Esophageal varices, hemorrhage and splenomegaly are often the presenting manifestations of portal vein thrombosis in children. Though hypercoagulable states are implicated in the causation of portal vein thrombosis and veno-occlusive disease, the etiology remains unknown in most cases. Presence of anticardiolipin antibodies is a known cause of hypercoagulable state. We therefore studied the frequency of anticardiolipin antibodies IgG and IgM in patients with portal vein thrombosis and veno-occlusive disease.

Methods: Sera were obtained from 22 patients with portal vein thrombosis, 3 patients with veno-occlusive disease, and 10 healthy controls. IgG and IgM levels were measured using asolid phase enzyme immuno assay. Values exceeding mean + 2SD of healthy controls were taken as abnormal. Our results showed significant increase in IgG anticardiolipin antibodies among patients with portal vein thrombosis and veno-occlusive disease in comparison to the control group. The levels of IgG anticardiolipin antibodies in patients of portal vein thrombosis and veno-occlusive disease (25 patients) were above the cut off value of the normal control children in 13 patients(52%) All the levels of the normal control group wer below the cut off value.

Accordingly we can conclude that: Anticardiolipin antibodies specially IgG levels increase significantly in patients with portal vein thrombosis and veno-occlusive disease and this abnormal elevation of anticardioilpin antibodies (IgG) may be responsible for the tendency to portal vein thrombosis and veno-occlusive disease in children so

evaluation of anticardiolipin antibody levels should be included in the investigations for portal vein thrombosis and veno-occlusive disease , as these patients may get penifits from the long term use of anticoagulant therapy.