Introduction

Portal hypertension in children differs in many aspects from adults. An important cause in children is obsure obstruction to the portal vein or splenic vein some where along its course between the hilum of the spleen and the porta hepatis (prehepatic portal hypertension (safouh etal,1991)

There are many explanation as to the cause of portal vein thrombosis. Yet it remains that in 50% of cases, no etiological factor can be found (laishram et al, 1993).

Hepatic veins occlusion disease seen in Egyptian children is characterized not by fibrotic narrowing and oblitration of central and sublobular veins in classical veno-occlusive disease but by thrombotic occlusion of the largest hepatic veins and their caval orifices and by thrombosis of hepatic segment of the inferior vena cava together with some invo vement of smaller hepatic veins (Safouh et al,1995). Antiphospholipid antibody related thrombosis seems to constitute a significant proportion of childhood thrombosis. About one third of children suffering event have circulating antiphospholipid antibodies (Ravelli and Martini 1997).

Additional work has suggested that patients with antiphospholipid antibodies associated thrombosis are at a markedly increased risk for recurrent thrombotic diseases and several investigators have suggested that such patients should receive high-intensity anticoagulant therapy for an indefinite period of time for prophylaxis of recurrent thrombotic events.

Although direct evidence for apthogentic role of antiphospholipid antibodies in the development of thrombosis is still lacking, recent studies

suggest that it is causative rather than co. incidental (Martini and Ravelli, 1997).

Kadayifici et al. (1995), stated that abnormal elevation of anticardiolipin antibodies may be responsible for the tendency to portal thrombosis in cirrhotic patients.

Aim of the work

To investigate children with portal vein thrombosis and venoocclusive disease for the presence of circulating antiphospholipid antibodies.