INTRODUCTION

Portal hypertension is a serious consequence of liver cirrhosis and also of bliharzial periportal fibrosis.

The rise of blood pressure in the portal venous system causes portal vein enlargement, spleen enlargement and opening up of collateral vessels between portal venous system and systemic venous circulation.

As the disease progreses stasis may occur in the portal circulation and even the flow may get reversed away from the liver.

Splenectomy was used as a treatment for the bleeding oesophageal varices which may result from opening up of collaterals between the portal vein and the azygus systemic vein. Devascularization of the stomach may be added to improve the results.

Haemodynamic effect of splenectomy on the portal system: Blood coming from the spleen accounts for about 40% of the portal blood flow (Cooper et al., 1984).

Thus splenectomy will result in:

a).Drop in portal pressure and a decrease in portal flow, this is due to inflow reduction.

b).Diminution in portal vein size: The portal vein, when patent, will have a smaller diameter than the one observed preoperatively.

c).Portal thrombosis was observed to follow in some of the cases: Either portal or splenic vein thrombosis may occur even as an early postoperative complication, especially in cirrhotics.

It is to be noted that splenectomy predisposes to inflammatory abdominal process (peritonitis), thrombocythemia in addition to the portal stasis and all these factors predispose to portal thrombosis.

Aim of the Work

Assessment of the portal system circulation state before and after splenectomy with or without devascularization, particularly as regards portal vein thrombosis.