Visceral Thromboses in Pancreas Adenocarcinoma: A Systematic Review

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Abstract

Background: Within the spectrum of gastrointestinal malignancies, primary liver (HCC) and Pancreatic ductal adenocarcinoma (PDAC) have distinct features with respect to the frequency of portal vein thrombosis (PVT). In PDAC, the Viscera are involved in 30-50% of the patients. The Visceral Vein Thrombosis (SVT) and Mesenteric Vein Thrombosis (MVT) in PDAC results in patients with portal hypertension and intestinal ischemia. Within PDAC, there are not yet enough data to provide therapeutic guidelines for these Visceral thromboses.

Methods: search strategy

• Systematic search of PubMed and Embase (February 2007 to February 2016) was included for pancreateo-duodenal adenocarcinoma (PDAC), with a focus on the incidence of Vascular Thrombosis (VVT). The search strategy included terms related to Visceral Vein Thrombosis (SVT, MVT) and Portal Vein Thrombosis (PVT). The results of the search were included in the following search strategy: Visceral Vein Thrombosis (SVT) and Mesenteric Vein Thrombosis (MVT).

Results: Most cases of Visceral Vein Thrombosis (SVT) were reported in patients with nonfunctioning endocrine tumor. However, the exact role of anticoagulation in these patients is unknown. The role of anticoagulation is unclear, and the treatment algorithm is not well-validated.

Optimizing the clinical evaluation of Visceral Vein Thrombosis (SVT) is necessary. The resection of the primary tumor is associated with an increased risk of Visceral Vein Thrombosis (SVT) in PDAC.

Conclusion: The Visceral Vein Thrombosis (SVT, MVT) is a rare event in PDAC, and the role of anticoagulation has not been well-studied. Further research is needed to determine the risk and benefits of anticoagulation in these patients.

Methods: Inclusion Criteria and Data extraction

• Inclusion Criteria: all patients with pancreatic ductal adenocarcinoma with Visceral Vein Thrombosis (SVT) and Mesenteric Vein Thrombosis (MVT) were included. The data was extracted from a total of 127 patients with Visceral Vein Thrombosis (SVT) and Mesenteric Vein Thrombosis (MVT).

• Data extraction was performed by the reviewers. To avoid the so-called names of authors, institutional names of the included studies, and extraction of the relevant data.

• Table 1: the extracted data from each study were listed as follows: author, year of publication, number of patients with Visceral Vein Thrombosis (SVT), Mesenteric Vein Thrombosis (MVT), Portal Vein Thrombosis (PVT), and the remaining were from the United States.

• These parameters were presented in the following tables: analysis of the data.

• The databases searched were: (1) MEDLINE (via PubMed), (2) Embase, (3) Web of Science, (4) Scopus, and (5) the Cochrane library.

• Grey Literature Report was included.

Table 2 – Eligibility Criteria of included studies

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<tr>
<th>Author</th>
<th>Year of publication</th>
<th>No of patients with SVT</th>
<th>No of patients with MVT</th>
<th>No of patients with PVT</th>
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Table 3 – Selected studies evaluating abdominal thromboembolic phenomena in pancreatic ductal adenocarcinoma (PDAC)

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<tr>
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References


