

## **Clinical Outcomes of Segmental Venous Thrombus On Allograft Pancreas**

**Objective:** To evaluate the clinical outcome of non-occlusive/occlusive venous thrombi on allograft pancreas after transplantation.

**Materials and Methods:** We retrospectively reviewed all SPK, PAK, and PTA from July 2006 to July 2009. A total of 93 transplants were done (55 SPK, 15 PAK, 23 PTA). Out of the 93, 9/93(9.6%) had a venous thrombus on US or CT scan(5 PTA, 4 SPK). 4/9(44%) were discovered on POD 1 by Doppler Ultrasound, the remaining 5(56%) were discovered from POD 7 to POD 20 during a CT scan or Ultrasound done for fever, persistent nausea and vomiting. 8/9(88%) the thrombus were located on the splenic vein while the remaining one on SMV. 4 out of the 9(44%) were non occluding and the remaining were totally occluded. Primary outcomes include graft function and survival, patient survival, secondary outcomes need for re-exploration, resolution of thrombus Median follow up was 9 months(1-24). Only 1(11%) was treated with heparin(9mg/kg) x 3 days, starting from POD1

**Results:** 9/9(100%) grafts are functioning. 100% are in their euglycemic state with an average hgba1c of 5.8. US done on Day 1 on all allograft showed patent arterial supply. 7/9(77%) had a rpt imaging on POD 30-60 for indications like fever, abdominal pain and persistent nausea and vomiting. 2/7 (22%) on rpt imaging about 30 to 60days post-op showed no resolution of the clot while 5 showed resolution of the clot by POD 30. 2 of the 9 had re-exploration for bleeding. One of the 2 patient was on heparin, the other one was explored after a renal biopsy done to rule out rejection. Intra-op visualization of the graft were viable.  
Patient survival was 100%.

**Conclusion:** Graft function and outcome are not affected by segmental vein thrombus whether it is occlusive or not occlusive as long as the arterial supply is patent. Heparin treatment offer little resolution of the clot while increasing the chance of intraabdominal bleeding. Serial monitoring of graft is not warranted as long as graft function are excellent.