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Title: SURGICAL ASCITES IN THE CIRRHOTIC PATIENT: IMPORTANCE OF  
CORRECTING HYPERSPLENISM PRIOR TO IMPLANTATION OF A  
.....LEVEEN SHUNT.....

The role of platelets in the development of post-shunt coagulopathy is well known. We therefore present the need for preoperative correction of low platelet counts by splenic artery embolization in these patients before peritoneal-venous shunting.

Patients and Methods: 6 patients with hepatic cirrhosis and ascites refractory to conventional medical therapy were studied. All of these had documented hypersplenism and low platelet counts. Prior to shunt placement these patients underwent splenic artery embolization by transfemoral insertion of Gianturco coils.

Results: In all patients treated we noted normalization of platelet counts within 2 weeks of embolization. Following placement of the shunts we found a significant decrease in the platelet counts of all patients but none of these required blood products or other treatment, with spontaneous normalization by the 20th postoperative day.

Discussion : Because of these encouraging results we felt that patients with low platelet counts should be studied for hypersplenism prior to considering peritoneal-venous shunting. Infact the discovery and correction by splenic artery embolization allow the use of shunts in patients otherwise considered at very high risk for post shunt coagulopathy.