

# **Evaluation of the effect of partial splenic embolization on platelet values for liver cirrhosis patients with thrombocytopenia.**

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摘要

## **Abstract**

**AIM:** To investigate the effect of partial splenic embolization (PSE) on platelet values in liver cirrhosis patients with thrombocytopenia and to determine the effective embolization area for platelet values improvement.**METHODS:** Blood parameters and liver function indicators were measured on 10 liver cirrhosis patients (6 in Child-Pugh grade A and 4 in grade B) with thrombocytopenia (platelet values  $< 80 \times 10^3/\mu\text{L}$ ) before embolization. Computed tomography scan was also needed in advance to acquire the splenic baseline. After 2 to 3 d, angiography and splenic embolization were performed. A second computed tomography scan was made to confirm the embolization area after 2 to 3 wk of embolization. The blood parameters of patients were also examined biweekly during the 1 year follow-up period.**RESULTS:** According to the computed tomography images after partial splenic embolization, we divided all patients into two groups: low ( $< 30\%$ ), and high ( $\geq 30\%$ ) embolization area groups. The platelet values were increased by 3 times compared to baseline levels after 2 wk of embolization in high embolization area group. In addition, there were significant differences in platelet values between low and high embolization area groups. GPT values decreased significantly in all patients after 2 wk of embolization. The improvement in platelet and GPT values still persisted until 1 year after PSE. In addition, 3 of 4 (75%) Child-Pugh grade B patients progressed to grade A after 2 mo of PSE. The complication rate in  $< 30\%$  and  $\geq 30\%$  embolization area groups was 50% and 100%, respectively.**CONCLUSION:** Partial splenic embolization is an effective method to improve platelet values and GPT values in liver cirrhosis patients with thrombocytopenia and the  $\geq 30\%$  embolization area is meaningful for platelet values improvement. The relationship between the complication rate and embolization area needs further studies.

