

Pregnancy outcomes in women with Budd-Chiari syndrome or portal vein thrombosis - A multicentre retrospective cohort study

Hanke Wiegers¹, Eva N. Hamulyák¹, Stefanie E. Damhuis¹, Jack R. Duuren¹, Sarwa Darwish Murad², Luuk J.J. Scheres³, Sanne Gordijn⁴, Jenneke Leentjens³, Johannes Duvekot², Mandy N. Lauw², Barbara Hutten¹, Saskia Middeldorp³, and Wessel Ganzevoort⁵

¹Amsterdam UMC Locatie AMC

²Erasmus MC

³Radboudumc

⁴UMCG

⁵Academic Medical Center

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Abstract

Objective: to evaluate current practice and outcomes of pregnancy in women previously diagnosed with Budd-Chiari syndrome and/or portal vein thrombosis, with and without concomitant portal hypertension. **Design and setting:** multicentre retrospective cohort study between 2008-2021 **Population:** Women who conceived in the predefined period after the diagnosis of Budd-Chiari syndrome and/or portal vein thrombosis **Methods and main outcome measures:** We collected data on diagnosis and clinical features. The primary outcomes were maternal mortality and live birth rate. Secondary outcomes included maternal, neonatal and obstetric complications. **Results:** Forty-five women (12 Budd-Chiari syndrome, 33 portal vein thrombosis; 76 pregnancies) were included. Underlying prothrombotic disorders were present in 23 of 45 women (51%). Thirty-eight women (84%) received low-molecular-weight heparin during pregnancy. Of 45 first pregnancies, 11 (24%) ended in pregnancy loss and 34 (76%) resulted in live birth of which 27 at term age (79% of live births and 60% of pregnancies). No maternal deaths were observed, one woman developed pulmonary embolism during pregnancy and two women (4%) had variceal bleeding requiring intervention. **Conclusions:** The high number of term live births (79%) and lower than expected risk of pregnancy-related maternal and neonatal morbidity in our cohort suggest that Budd-Chiari syndrome and/or portal vein thrombosis should not be considered as an absolute contra-indication for pregnancy. Individualized, nuanced counselling and a multidisciplinary pregnancy surveillance approach are essential in this patient population.

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