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# Idiopathic Portal Hypertension: A Misnomer

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# Idiopathic Portal Hypertension: A Misnomer

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Dominique-Charles Valla  
Nothing to disclose

# Case 1

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- 34-yr old female, bleeding GE varices
- Crohn's disease in remission
- 15 yrs of azathioprine therapy +/- Infliximab
- Platelets 90 G/L. Mild elevation in liver enzymes.  
Normal bilirubin and INR
- MDCT: smooth dysmorphic liver, enlarged spleen,  
portosystemic collaterals, patent hepatic & portal  
veins
- No evidence for alcohol misuse, metabolic  
syndrome, viral hepatitis or autoimmune disease

# Case 1

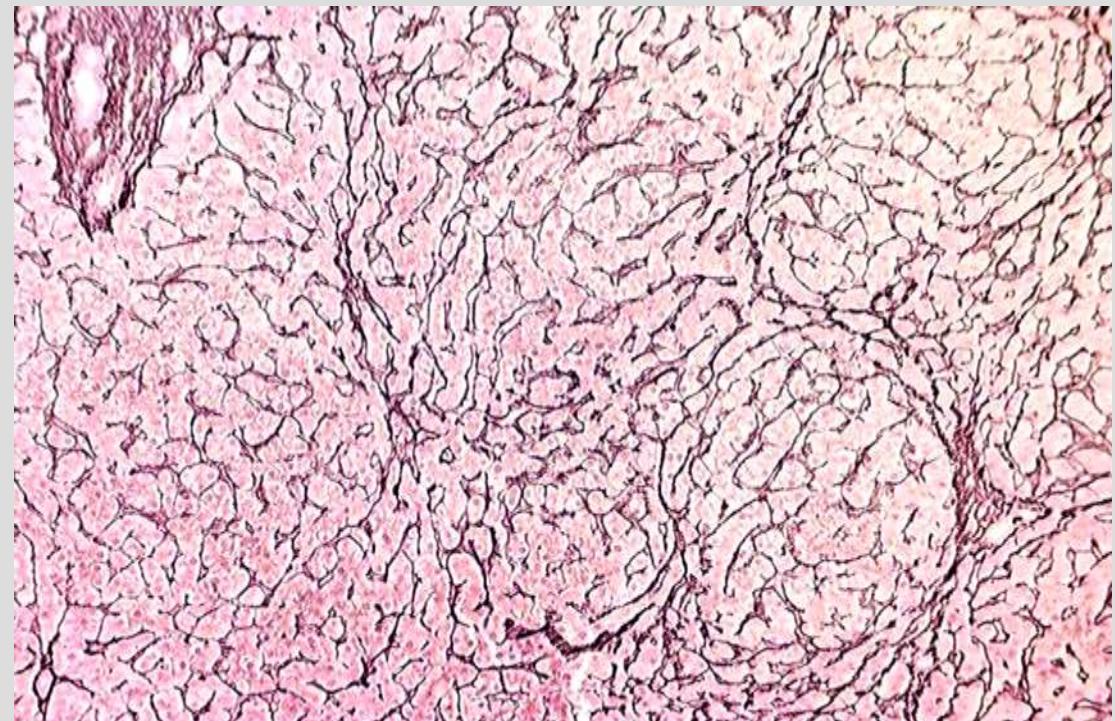
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Transjugular transvenous liver biopsy

HVPG 8 mmHg

No cirrhosis

Nodular  
regenerative  
hyperplasia



## Case 2

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- 42-yr old male, enlarged spleen (routine exam)
- Platelets 245 G/L. Mildly elevated liver enzymes.  
Bilirubin 1.5 mg/dL, INR 1.25
- Doppler-US: smooth dysmorphic liver, markedly enlarged spleen (22 cm), portosystemic collaterals, patent hepatic & portal veins
- No evidence for alcohol misuse, metabolic syndrome, viral hepatitis or autoimmune disease
- V617F-JAK2 in peripheral WBC

# Case 2

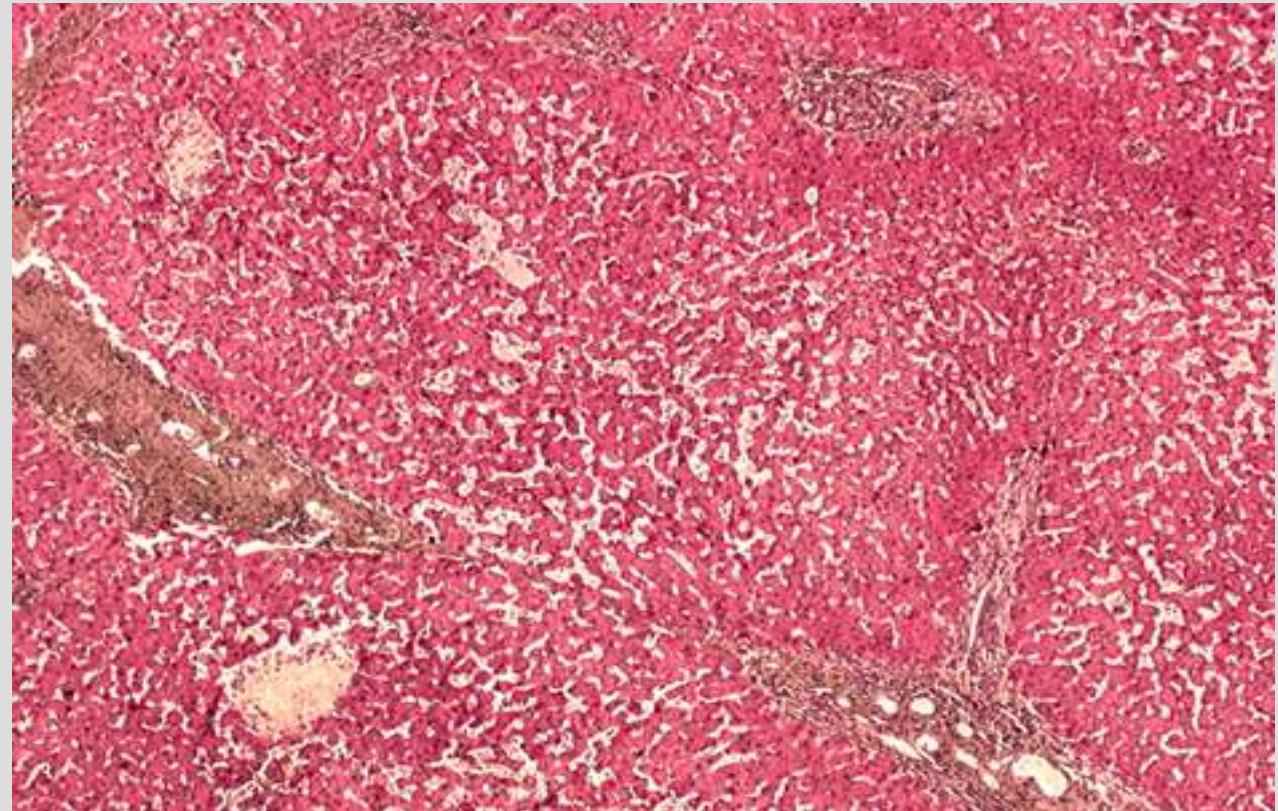
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## Transcapsular liver biopsy No cirrhosis

Obliterative  
portal  
venopathy

Hepatoportal  
sclerosis

Noncirrhotic  
portal fibrosis



# Idiopathic Portal Hypertension

## Definition

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- Portal hypertension
  - No other cause for portal hypertension
  - Absence of cirrhosis and causes for cirrhosis
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Schouten Hepatology 2011. Plessier, J Hepatol 2012.  
Khanna and Sarin J Hepatol 2014

# Well-Characterized Causes for PHT

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- Extrahepatic portal vein obstruction
  - Budd-Chiari syndrome (including small hepatic veins)
  - SOS/VOD
  - Congenital hepatic fibrosis
  - Schistosomiasis
  - Cirrhosis and conditions causing cirrhosis
- 

Schouten Hepatology 2011. Plessier, J Hepatol 2012.  
Khanna and Sarin J Hepatol 2014

# Idiopathic Portal Hypertension

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- Hepatoportal sclerosis (Mikkelsen, 1966)
  - Incomplete septal cirrhosis (Popper, 1966)
  - Idiopathic portal hypertension (Boyer, 1967)
  - Non-cirrhotic portal fibrosis (Boyer, 1967)
  - Obliterative portal venopathy (Nayak, Iber 1969)
  - ‘Non cirrhotic intrahepatic portal hypertension’ (Sherlock 1969)
-

# IPH and related entities

Pathology

- Obliterative portal venopathy
- Hepatoportal sclerosis
- Noncirrhotic portal fibrosis
- Nodular regenerative hyperplasia

Misnomer #1 :  
No portal hypertension

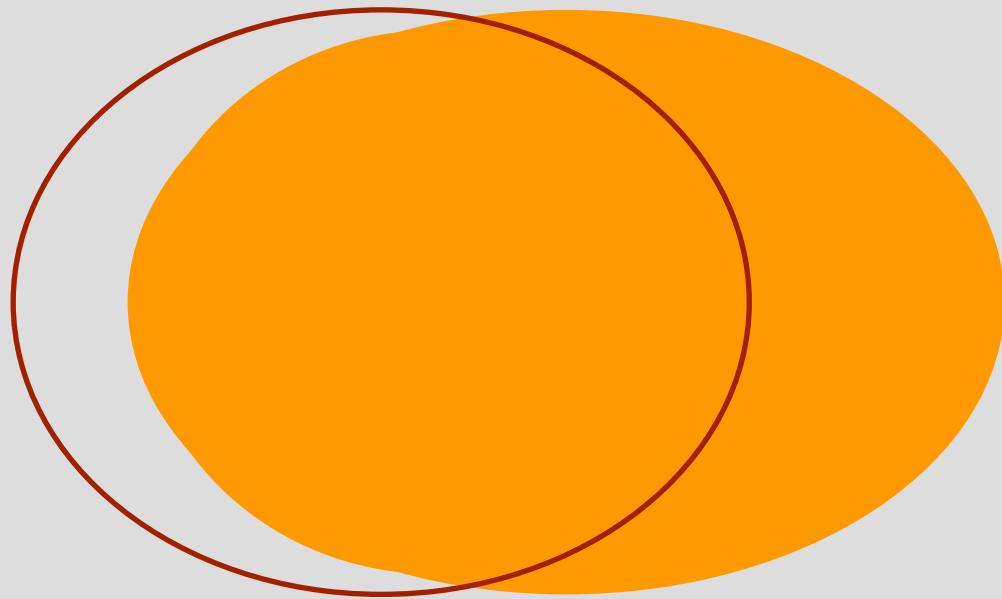
Clinics &  
Pathology

- Idiopathic portal hypertension
- Noncirrhotic intrahepatic portal hypertension

# IPH and related entities

Pathology

- Obliterative portal venopathy
- Hepatoportal sclerosis



Clinics &  
Pathology

- Idiopathic portal hypertension
- Noncirrhotic intrahepatic portal hypertension

# Obliterative Portal Venopathy ( $N = 59$ )

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## Portal hypertension

YES  
 $N = 38$

NO  
 $N = 21$

- Varices
  - no bleeding 7
  - bleeding 12

- Splenomegaly 10
- Ascites 8
- Encephalopathy 1

# Idiopathic Portal Hypertension

## Definition

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- Portal hypertension
  - No other cause for portal hypertension
  - Absence of cirrhosis and causes for cirrhosis
- 

Schouten Hepatology 2011. Plessier, J Hepatol 2012.  
Khanna and Sarin J Hepatol 2014



Courtesy P Bedossa



Courtesy Pierre Bédossa, Valérie Paradis and Dominique Cazals-Hatem

# Obliterative Portal Venopathy ( $N = 59$ )

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Portal hypertension

YES 38

NO 21

Extrahepatic portal vein thrombosis

NO 31

YES 7

33%

YES 6

NO 15

29%

# Idiopathic Portal Hypertension

## Definition

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- Portal hypertension
  - No other cause for portal hypertension
  - **Absence of cirrhosis and causes for cirrhosis**
- 

Schouten Hepatology 2011. Plessier, J Hepatol 2012.  
Khanna and Sarin J Hepatol 2014

# Obliterative Portal Venopathy in Explants

Pretransplant diagnosis                            N = 21

Cryptogenic cirrhosis	10
Autoimmune cirrhosis	3
Drug-induced cirrhosis	3
Alcoholic cirrhosis	2
Viral hepatitis related cirrhosis	2
Genetic hemochromatosis	1

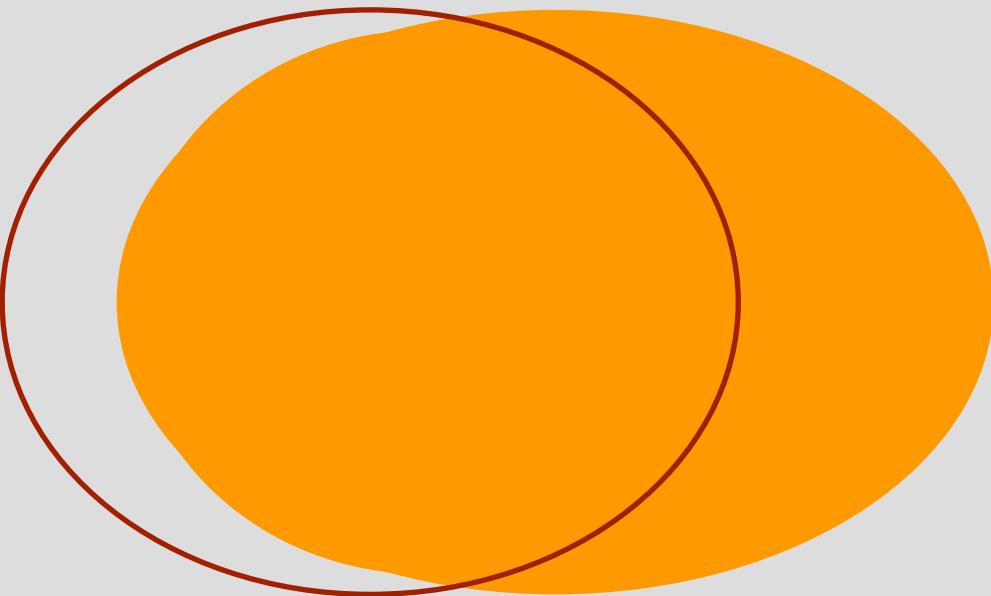
Adapted from Krasinskas, Liver transplant 2005 and Isabel Fiel, Am J Pathol 2007

# IPH and related entities

Pathology



- Obliterative portal venopathy
- Hepatoportal sclerosis
- Noncirrhotic portal fibrosis
- Nodular regenerative hyperplasia



Clinics &  
Pathology

- { Idiopathic portal hypertension
- { Noncirrhotic intrahepatic portal hypertension

# Idiopathic Portal Hypertension

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- Definition and description
  - Associated systemic disease
  - Diagnosis
  - Therapy and Outcome
-

# Sytemic Disease Associated with IPH

1 <sup>st</sup> Author	Selection	N	%
Cazals-Hatem	OPV	59	49 %
Siramolpiwat	IPH	69	43 %
Schouten	IPH	62	58 %

Cazals-Hatem, J Hepatol 2011. Schouten, APT 2012.  
Siramolpiwat, Hepatology 2014

# Sytemic Disease Associated with IPH

1 <sup>st</sup> Author	Selection	N	%
Cazals-Hatem	Misnomer #2: Not idiopathic in 50% of patients !		%
Siramolpiwat	IPH	69	43 %
Schouten	IPH	62	58 %

Cazals-Hatem, J Hepatol 2011. Schouten, APT 2012.  
Siramolpiwat, Hepatology 2014

# Sytemic Disease Associated with IPH

Prothrombotic cond.	Myeloproliferative neoplasia, APS
Blood diseases	Lymphoproliferative neoplasia, Sickle cell disease
Disordered immunity	Immune deficiency syndromes Autoimmune disorders
Drug exposure	Purine analogs
Congenital defects	Turner S., Adams-Ollivier S., etc.
None of the above	Familial and sporadic cases

Cazals-Hatem, J Hepatol 2011. Schouten, APT 2012.  
Siramolpiwat, Hepatology 2014. Semela, Clin Liver Dis 2015

# Azathioprine, Crohn's disease and NRH

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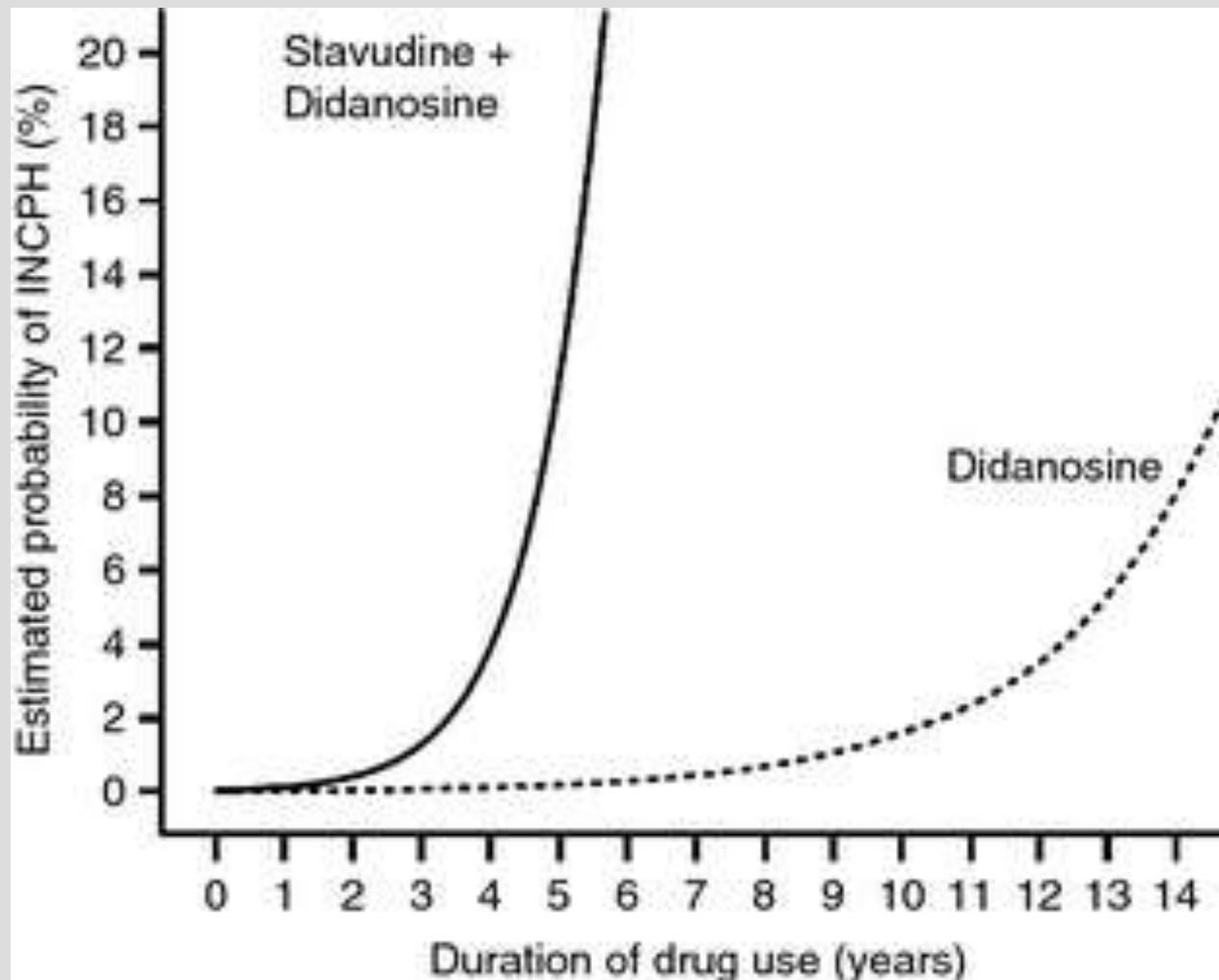
Thiopurine-naive patients (433 operated patients)

Estimated prevalence 6%

Thiopurine-treated patients (1888 consecutive patients)

10-yr cumulative incidence 1.28±0.45%

# Didanosine, HIV infection and IPH



Schouten, APT 2012

# Idiopathic Portal Hypertension

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- Definition
  - Associated conditions
  - **Diagnosis**
  - Therapy and Outcome
-

# Idiopathic Portal Hypertension

## Demographics

- Mean age: 38-46
- Male/Female: 2/1
- Familial cases: about 10%

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Cazals-Hatem, J Hepatol 2011. Verheij, Histopathology 2013.  
Siramolpiwat Hepatology 2014

# Laboratory features of IPH

	IPH
Platelets ( $10^3/\mu\text{L}$ )	106 (27–454)
Albumin (g/l)	38 (20–52)
Bilirubin ( $\mu\text{mol/L}$ )	17 (5–100)
INR	1.1 (1.0–1.4)

Verheij, Histopathology 2013

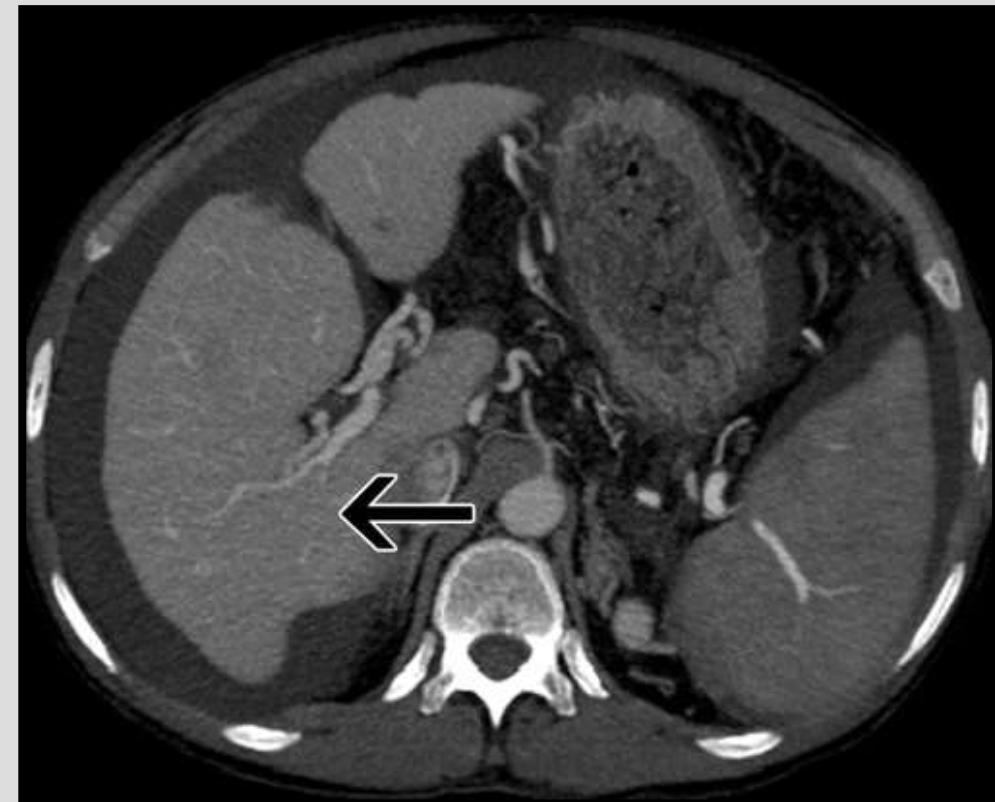
Transaminases and alkaline phosphatase variably increased

# Imaging with MDCT or MR

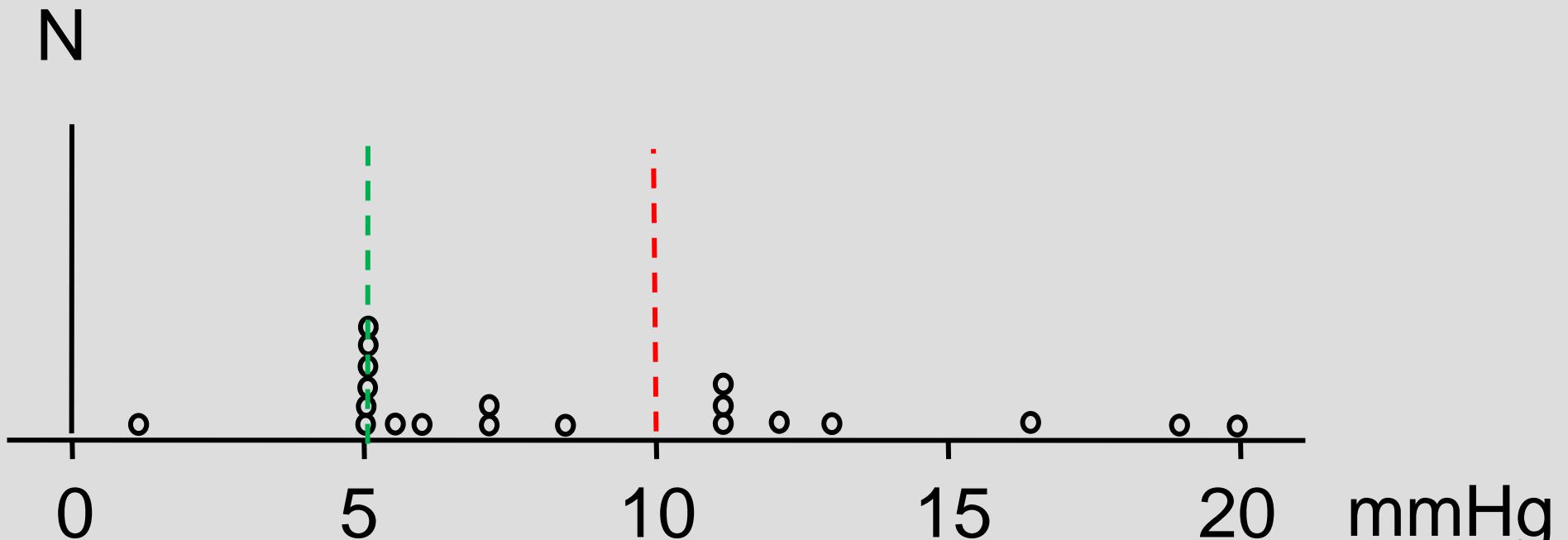
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	IPH (n=42)	Cirrhosis (n=42)
Nodular liver surface	17%	88%
Enlarged I and atrophic IV	24%	64%
EHPVT	43%	12%
Abnormal IH portal veins	58%	2%

# Imaging of Idiopathic Portal Hypertension



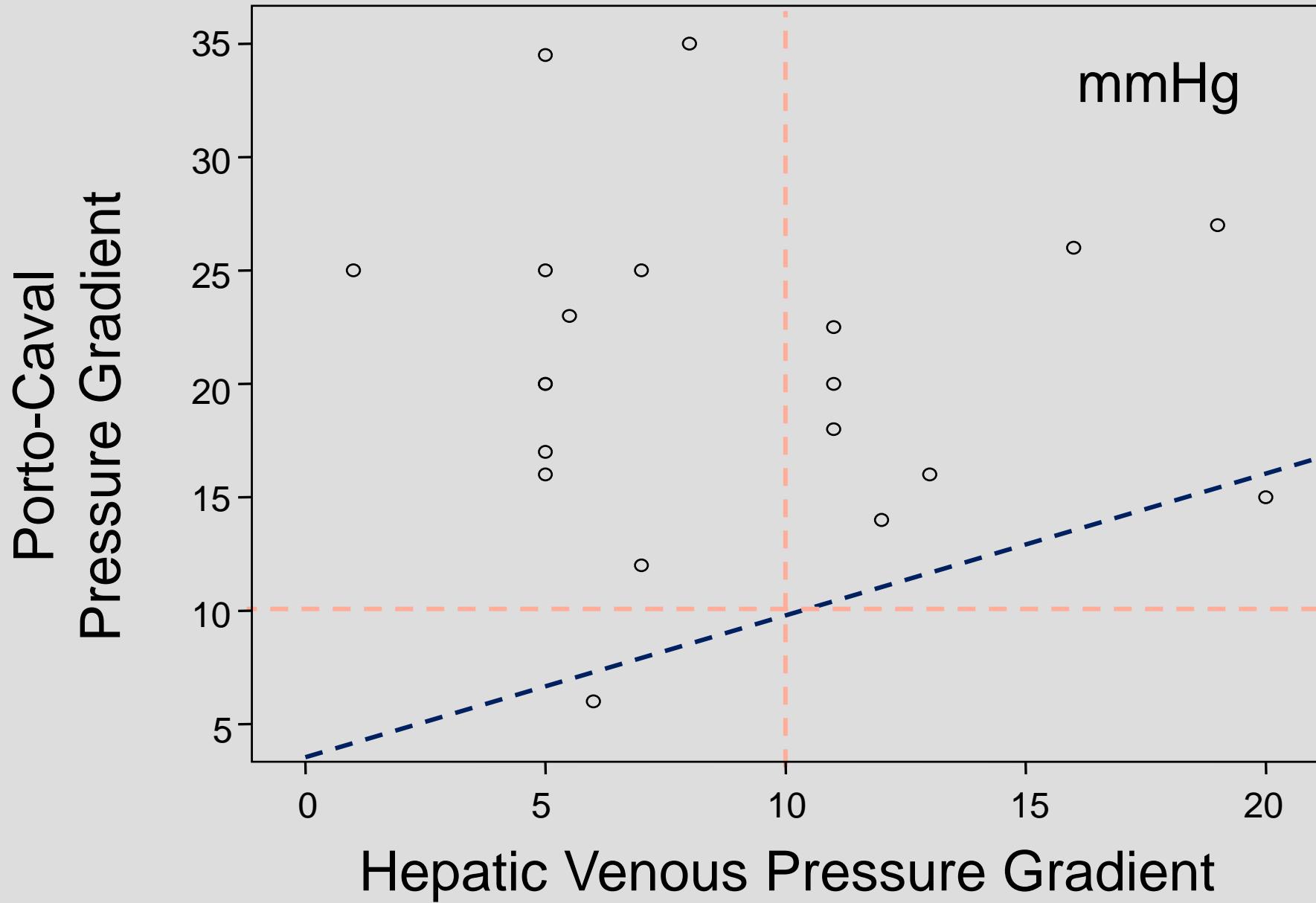
# Idiopathic Portal Hypertension – HVPG



Hepatic venous pressure gradient

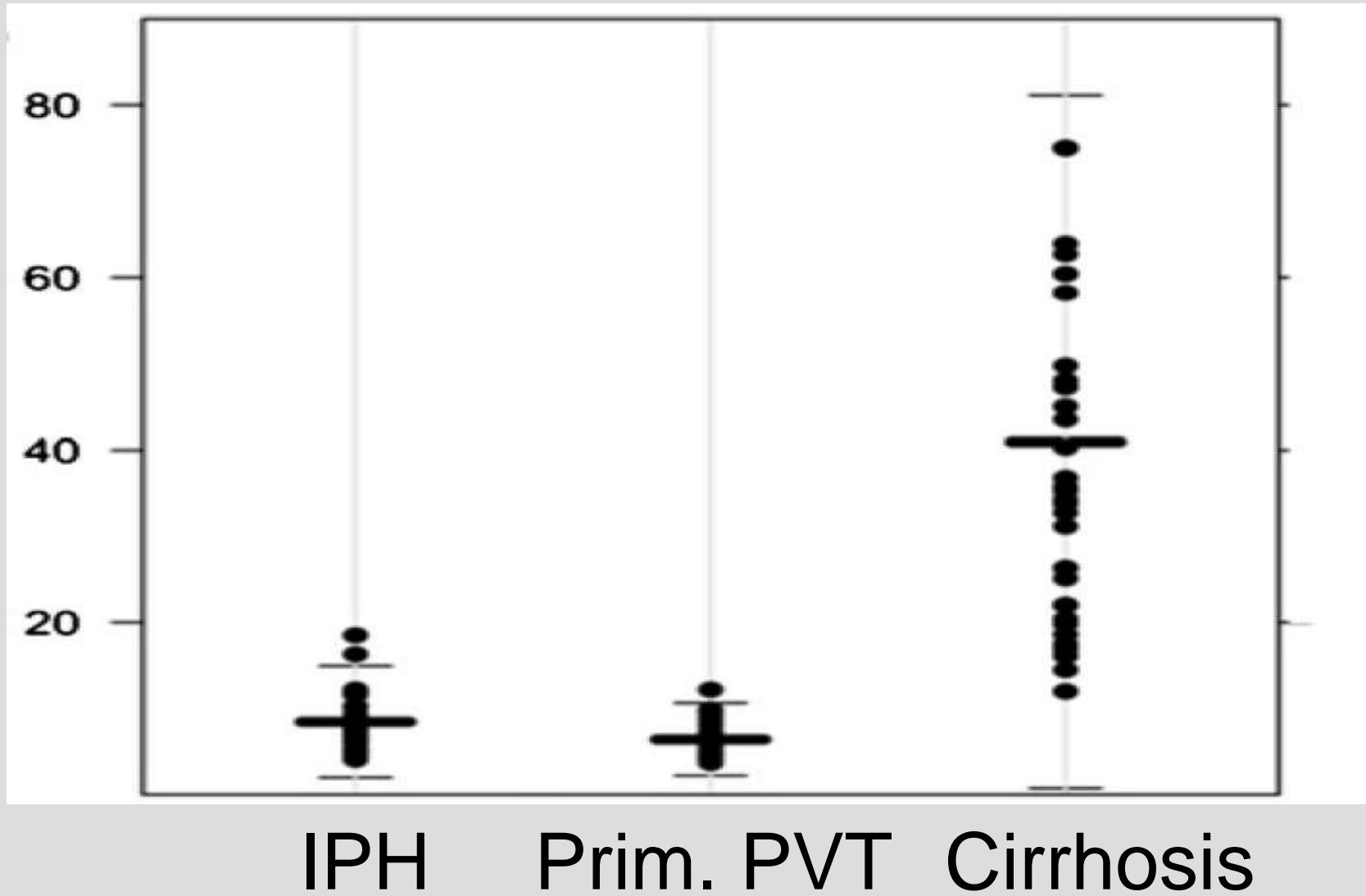
# Idiopathic Portal Hypertension - Hemodynamics

Bissonnette et al. EASL-ILC 2015 Submitted

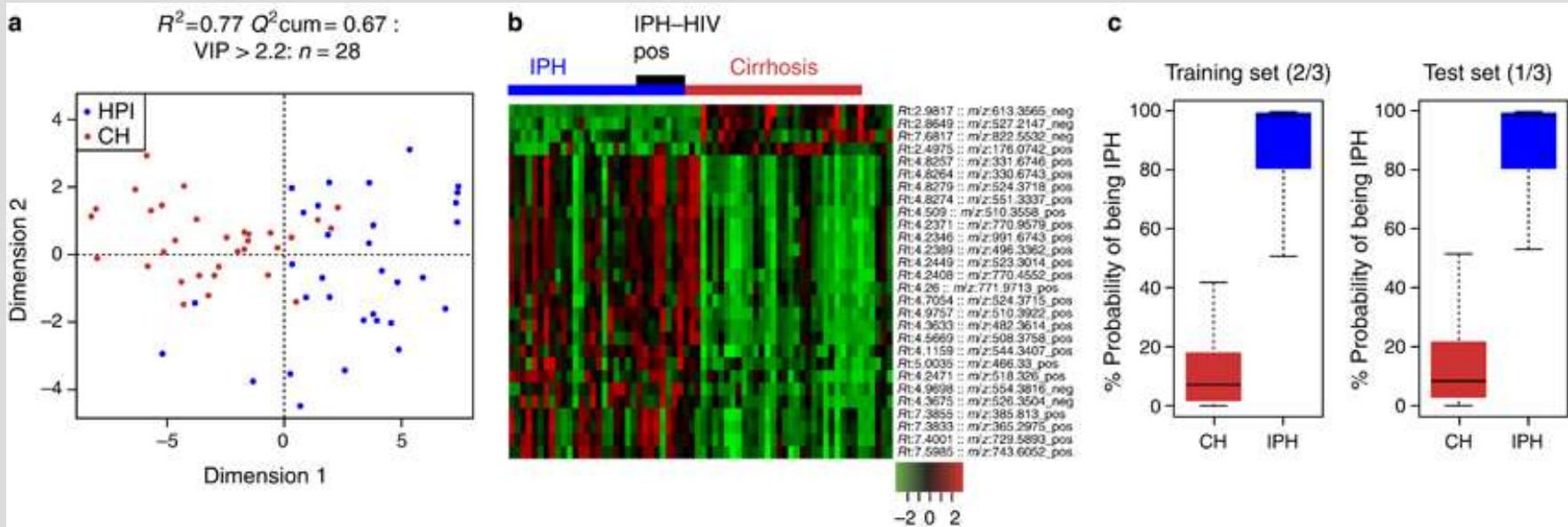


# Liver Stiffness

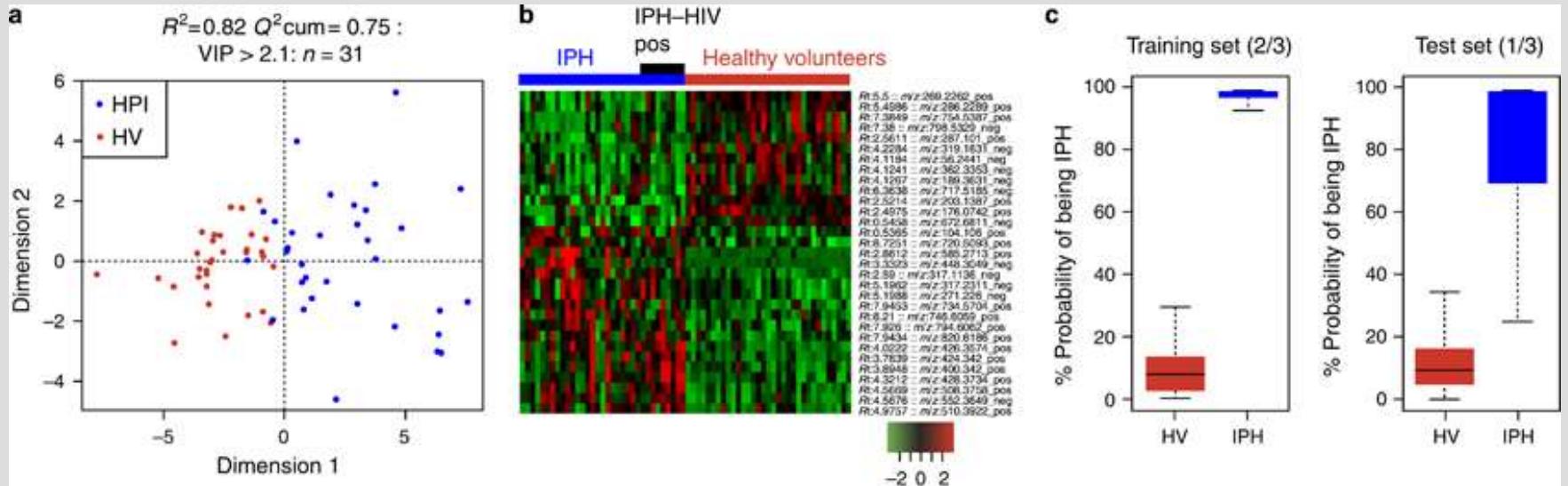
Fibroscan  
kPa



# Idiopathic Portal Hypertension vs Cirrhosis



# Idiopathic Portal Hypertension vs Healthy Hontrols

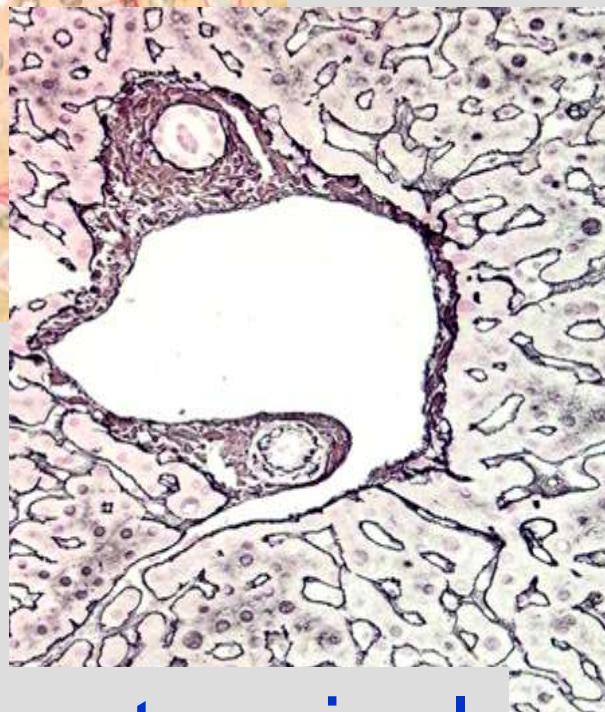
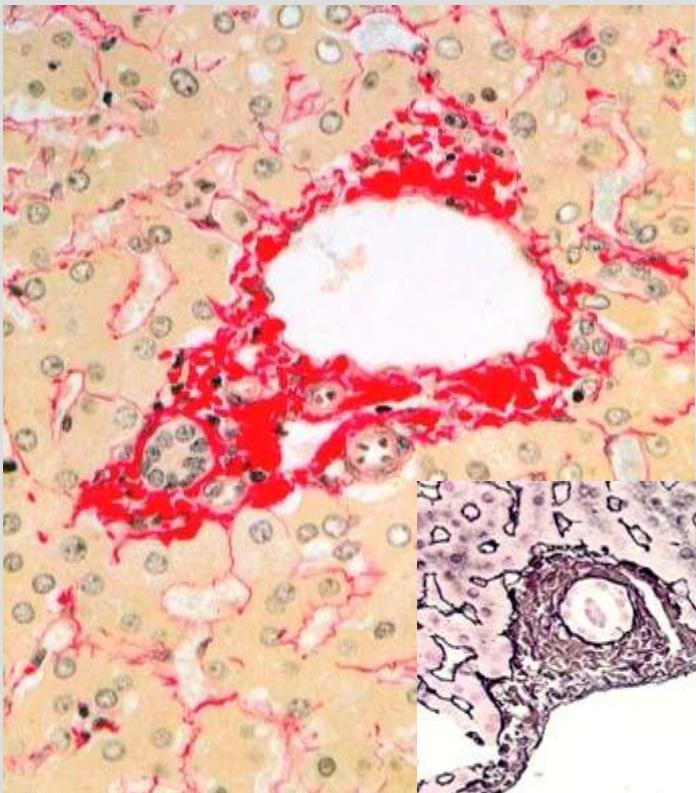


# IPH - Diagnosis

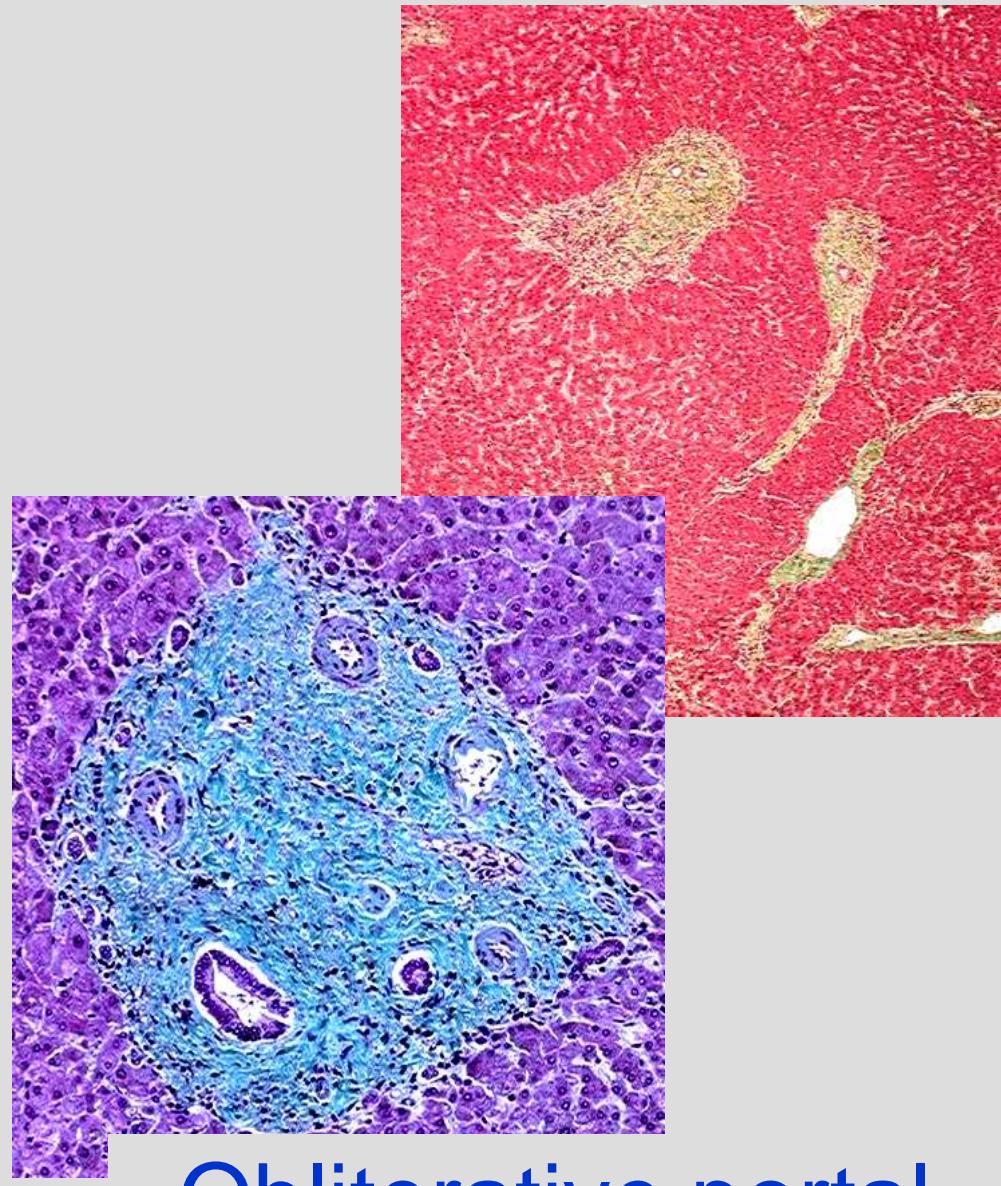
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- Non invasive diagnosis still not possible
  - High degree of suspicion
    - no cause for parenchymal liver disease
    - no or mild liver dysfunction
    - associated conditions
  - Biomarkers ?
  - Specific findings at liver biopsy ?
- 

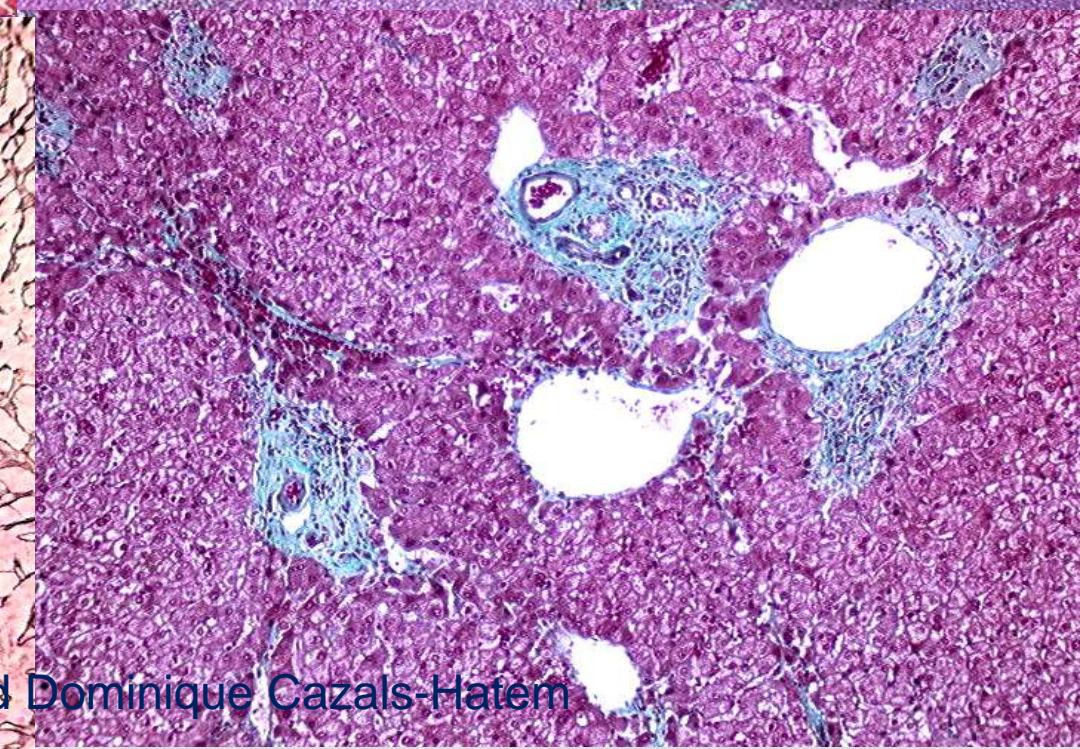
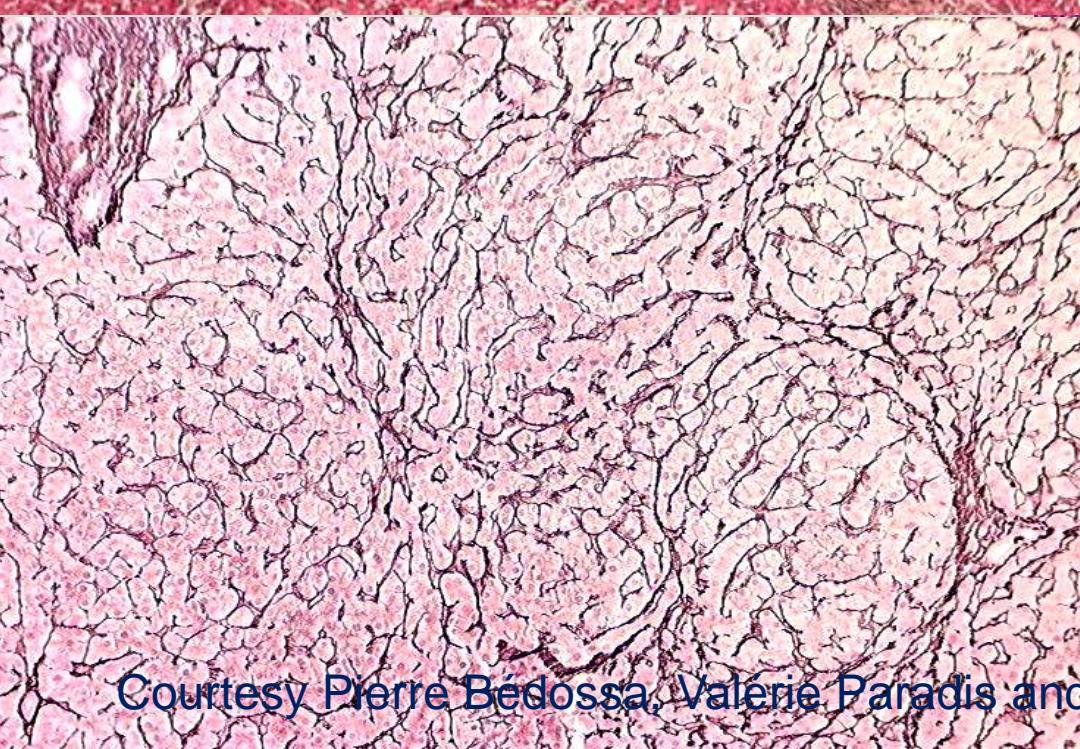
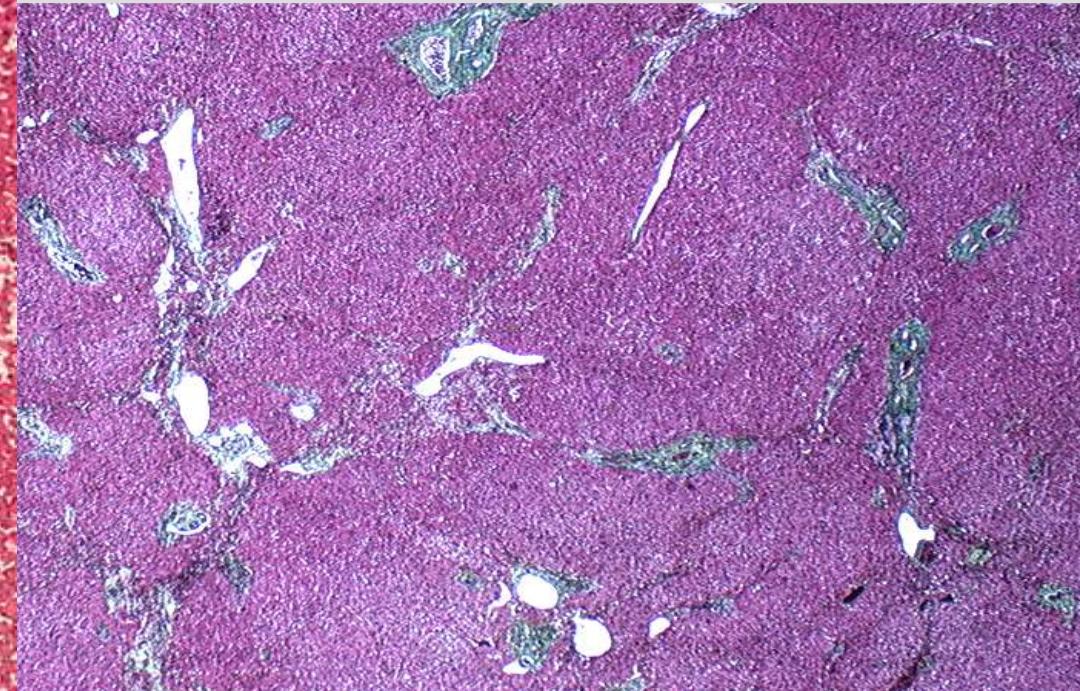
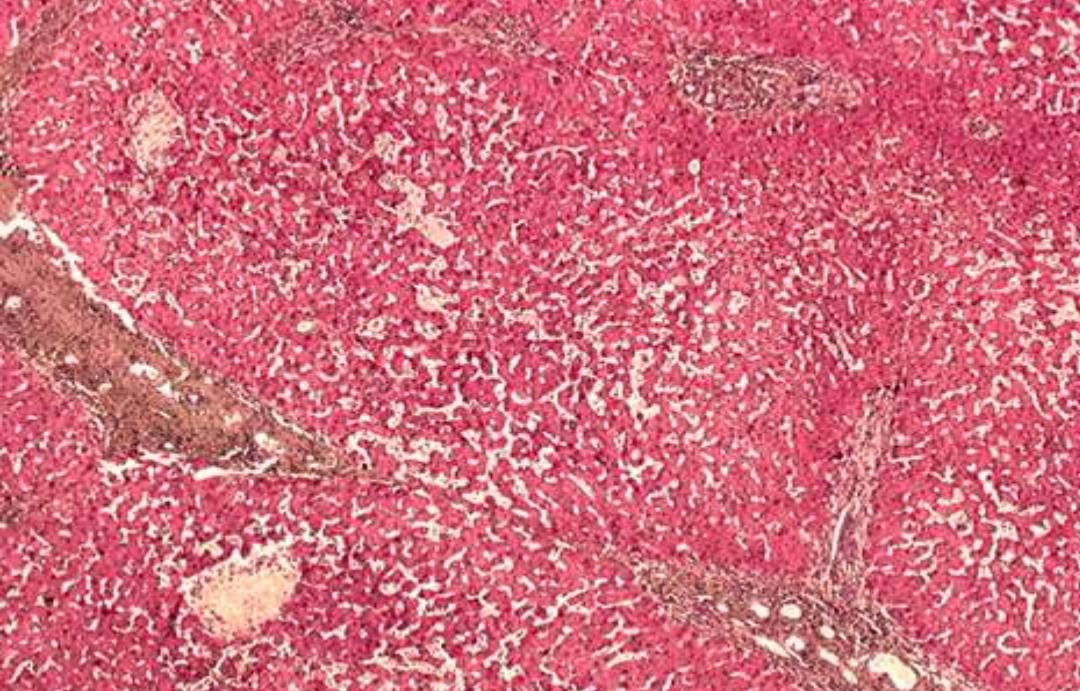
Hillaire et al. Gut 2002, Chang, Am J Gastro 2009  
Seijo, Dig Dis Sci 2012, Seijo, Am J Gastroenterol 2013



Normal preterminal  
portal venules



Obliterative portal  
venopathy



Courtesy Pierre Bédossa, Valérie Paradis and Dominique Cazals-Hatem

# Obliterative Portal Venopathy

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Abnormal portal veins in > 2/3 of portal tracts

100% of patients

50% of needle specimens

Median of 3 LBx needed for diagnosis

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Identification of cases through pathology files

1987-2007; 59 Patients; 89 Liver specimens  
(> 1cm, > 6 portal tracts); length 13.3 mm

Cazals-Hatem. J Hepatol 2011

# Idiopathic Portal Hypertension

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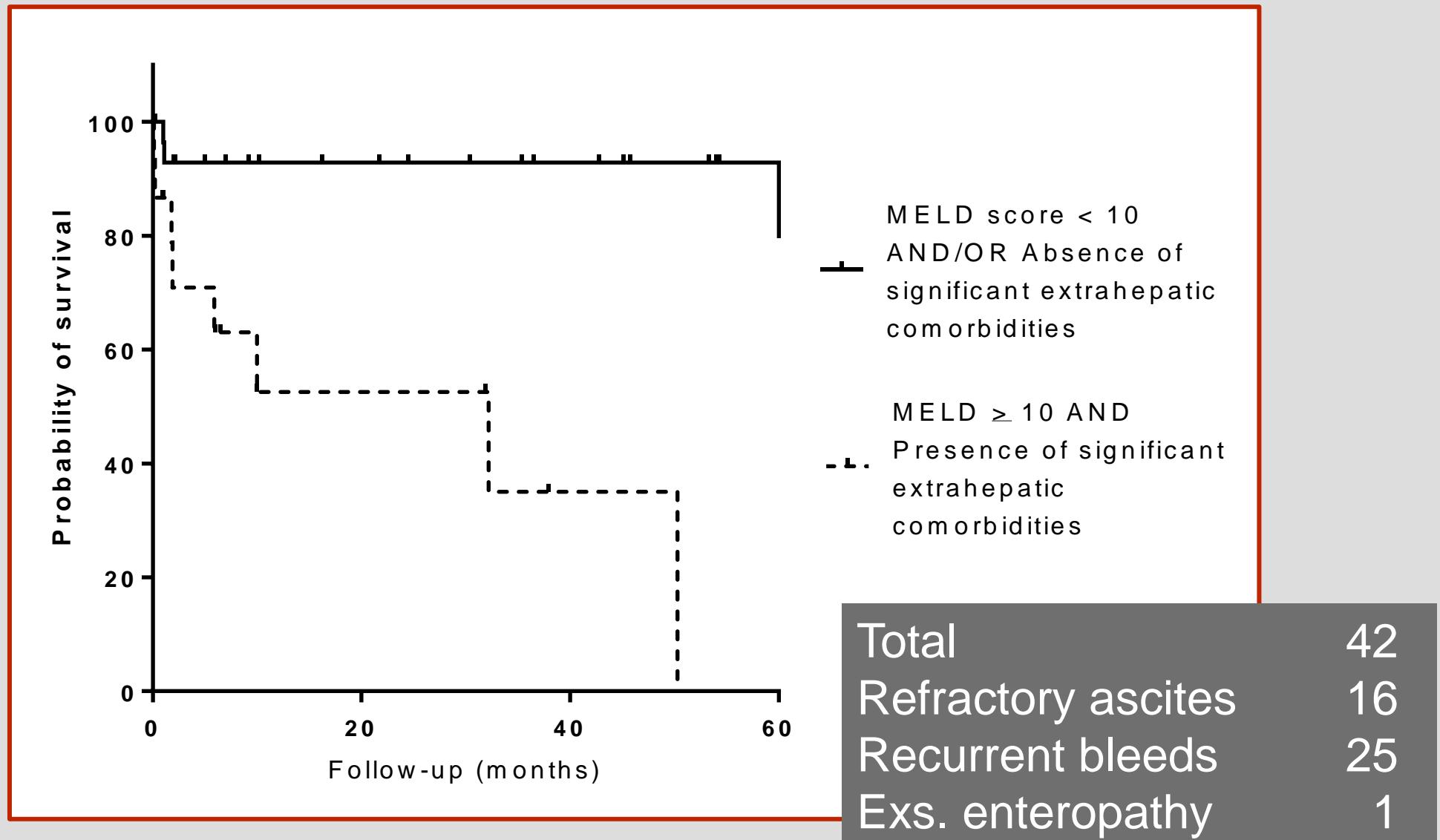
- Definition
  - Associated conditions
  - Diagnosis
  - Therapy and Outcome
-

# Treatment proposed for IPH

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- For portal hypertension
    - NSBB and endoscopic ligation
    - TIPS
  - For end stage liver disease
    - Liver transplantation
  - For portal vein thrombosis
    - Anticoagulation therapy
-

# TIPS for IPH



# Treatment proposed for IPH

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- For portal hypertension
    - NSBB and endoscopic ligation
    - TIPS
  - For end stage liver disease
    - Liver transplantation
  - For portal vein thrombosis
    - Anticoagulation therapy
-

# Obliterative portal venopathy

## Outcome in 59 patients

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Follow-up – yr	$8.6 \pm 7.8$
Extrahepatic PVT	13/46 (28%)
Progression/development of PHT	27 (46%)
Liver transplantation	9 (15%)
Death	5 (8%)

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# Mortality/Liver transplantation in Patients with IPH

Reference	Kingham 1981	Hillaire, 2002	Cazals-H, 2011	Schouten, 2012	Siramolpiwat, 2014
Country	UK	FR	FR	BE & NL	SP
N	59	28	59	62	69
Follow-up	5-yr	7.6 yr	8.6 yr	7.5 yr	6.7 yr
Mortality/LTx	10%	14%	19%	44%	13%

# IPH: A mysterious syndrome

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- An entity characterized by various alterations in intrahepatic portal veins and/or sinusoids, with or without clinically significant portal hypertension.
- Associated systemic conditions are common, varied and peculiar. Their link with liver alterations is not understood yet.
- Likely under-recognized. High degree of suspicion needed in patients with « cryptogenic liver disease »
- High risk of extrahepatic PVT. Relatively good medium term outcome.

# IPH: A mysterious syndrome

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- Is anticoagulation beneficial ?
- Will systems biology help identify discrete components?
- Can a specific disorder of the endothelium of intra-hepatic portal vein and/or sinusoids be implicated ?
- Does this disorder play a role as a comorbid factor in other chronic liver disease ?



# Histopathological Features of IPH (Nedle biopsy)

Histopathological feature	Verheij	Cazals
Portal phlebosclerosis	95	96
Paraportal shunt vessels	89	38
Increased vascular channels in portal tracts	71	-
Portal vein dilatation	34	-
Thin incomplete septa	10	38
Nodular regeneration	56	70
Sinusoidal dilatation	94	41
Perisinusoidal fibrosis	97	57
Central perivenular fibrosis	65	-

Results are %

Verheij, Histopathology 2013 ( n = 70). Cazals, J Hepatol 2011 (n = 82)

# Laboratory features of IPH and PVT

	IPH	PVT	P
Platelets ( $10^6/\text{mm}^3$ )	106 (27–454)	237 (10–593)	0.01
Albumin (g/l)	38 (20–52)	38 (28–45)	0.41
Bilirubin (IM)	17 (5–100)	24 (10–66)	0.24
INR	1.1 (1.0–1.4)	1.0 (1.0–1.3)	0.28

Verheij, Histopathology 2013

Transaminases and alkaline phosphatase variably increased

# Prevalence of IPH in Europe

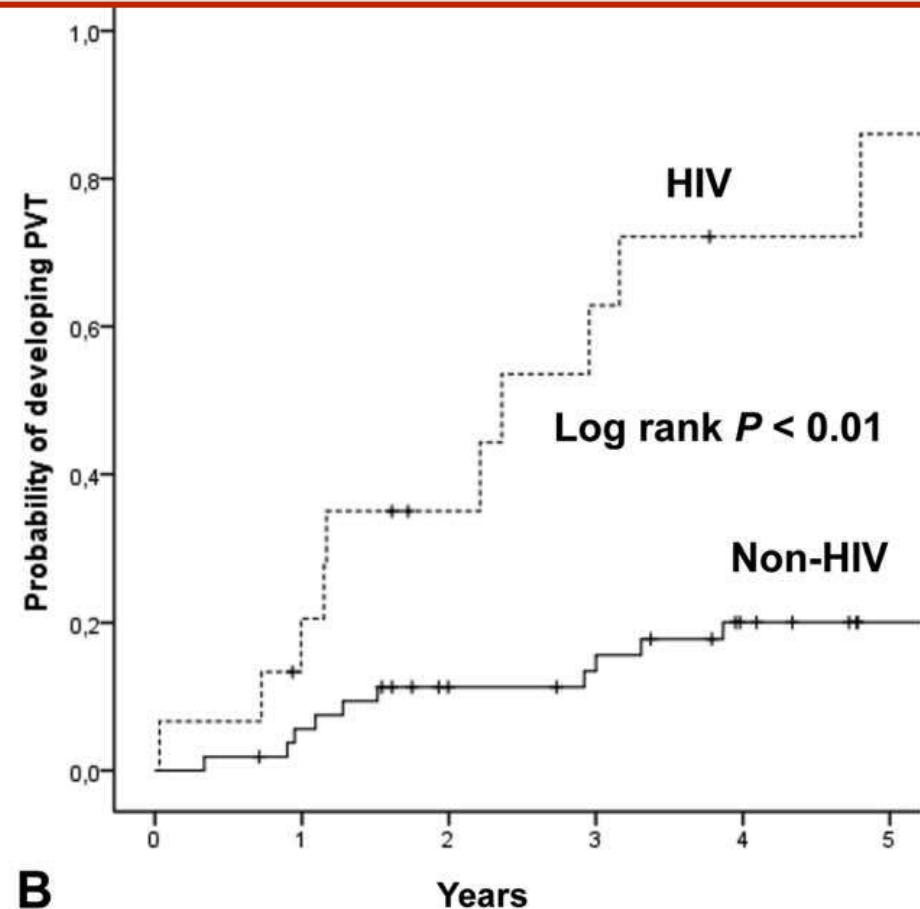
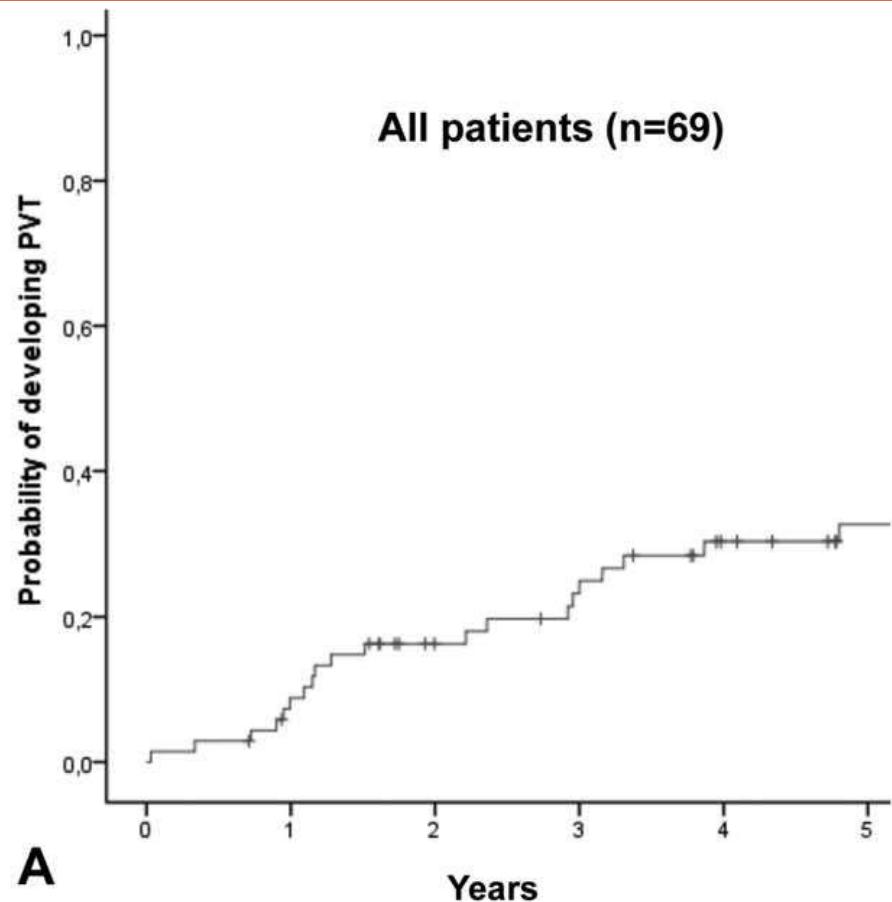
Reference	Kingham, 1981	Hillaire, 2002	Cazals-H, 2011	Schouten, 2012	Siramolpiwat 2014
N.	59	28	76	62	85
Country	UK	FR	FR	BE & NL	Catalonia
Period	1949-1979	1994-1998	1987-2007	1992-2010	1995-2012
Estimated prevalence (p. $10^6$ )	1.1	0.5	1.2	2.4	13.7
Comments	Underestimated ?			Overestimated ?	

# Pathology of IPH

## 9 Explanted Livers

Liver weight (g) <i>Mean (range)</i>	837 (610-1640)
Dysmorphic liver	6 (67%)
Obliterated large portal veins	6 (67%)
Hepatic venopathy	2 ( 22%)

# Risk of PVT in IPH



Patients at risk 69 61 49 44 35 29

Patients at risk  
HIV 15 11 7 4 2 1  
Non-HIV 54 50 42 40 33 28

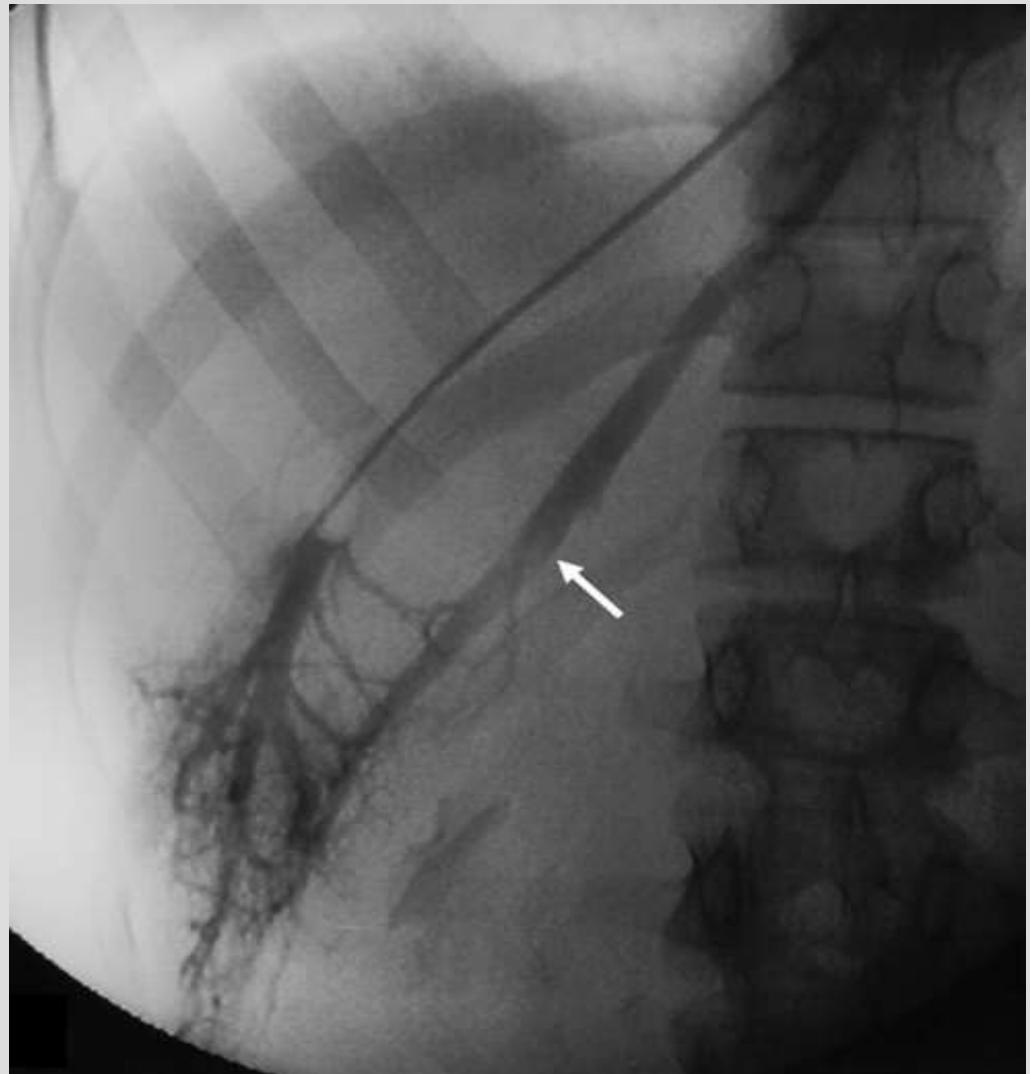
# Outcome of Obliterative Portal Venopathy

	Prothrombotic Disorders 18 (30)	Immune- mediated disorders 10 (17)	Other patients 31 (53)
<b>OUTCOME</b>			
Follow-up (Years)	5 ± 5.8	13 ± 7	9 ± 8
Extrahepatic Portal Vein Thrombo	4/8 (50)	3/9 (33)	6/29 (21)
Deterioration/occurrence of PHT	6 (33)	6 (60 )	15 (48)
Liver Transplantation	0	1 (10 )	8 (26)
Death	0	2 (20)	3 (10)
<b>TREATMENT</b>			
Anticoagulant (AC)	13 (72)	5 (50)	10 (33)
Delay diagnosis/ AC therapy (Year)	0.7	4.6	3.6

# HVPG and Veno-Venous Collaterals

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- 50% of patients
- Prevent pressure measurements in 30%



# Conditions Associated with IPH

29 (49%)

Immune mediated disorders	11
Rheumatoid arthritis	3
Common variable immunodeficiency	1
Wegener disease	1
Sharp syndrome	1
Others	5
Prothrombotic condition	18
Myeloproliferative disease (MPD)	10
Factor II mutation	3
Protein S deficiency	3
Protein C deficiency	3
C677T MTHFR homozygous	2

# Conditions Associated with IPH

36 (58%)

Azathioprine treatment	8	(13)
Haematological disorders	8	(13)
Malignancies	4	(7)
Myeloproliferative disorders	3	(5)
Idiopathic thrombocytopenic purpura	1	(2)
Chronic HIV infection	5	(8)
Immunological disorders	5	(8)
Genetic disorders	4	(7)
Arsenicum treatment	4	(7)
Chemo 7 years before diagnosis	1	(1)
Crohn's disease (Azathioprine naive)	1	(2)

# Conditions Associated with IPH

30 (43%)

HIV infection	15 (22%)
Immunological disorders	7 (10%)
Common variable immunodeficiency, Graves' disease, POEMS, Rheumatoid arthritis, SLE, systemic sclerosis with pulmonary hypertension, unclassified	
Hematological disorders	6 (9%)
Aplastic anemia (2), Hodgkin's lymphoma, marginal B cell lymphoma, idiopathic thrombocytopenic purpura, multiple myeloma	
Prothrombotic disorders (evaluated in 60 patients)	5 (8%)
Prothrombin gene mutation (2), antiphospholipid syndrome, factor V Leiden mutation, protein S deficiency	

# Obliterative portal venopathy ( $N = 59$ )

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## Portal hypertension

YES 38

NO 21

## Extrahepatic portal vein thrombosis

NO 31

YES 7

YES 6

NO 15

Cavernoma	7
Acute PVT	6

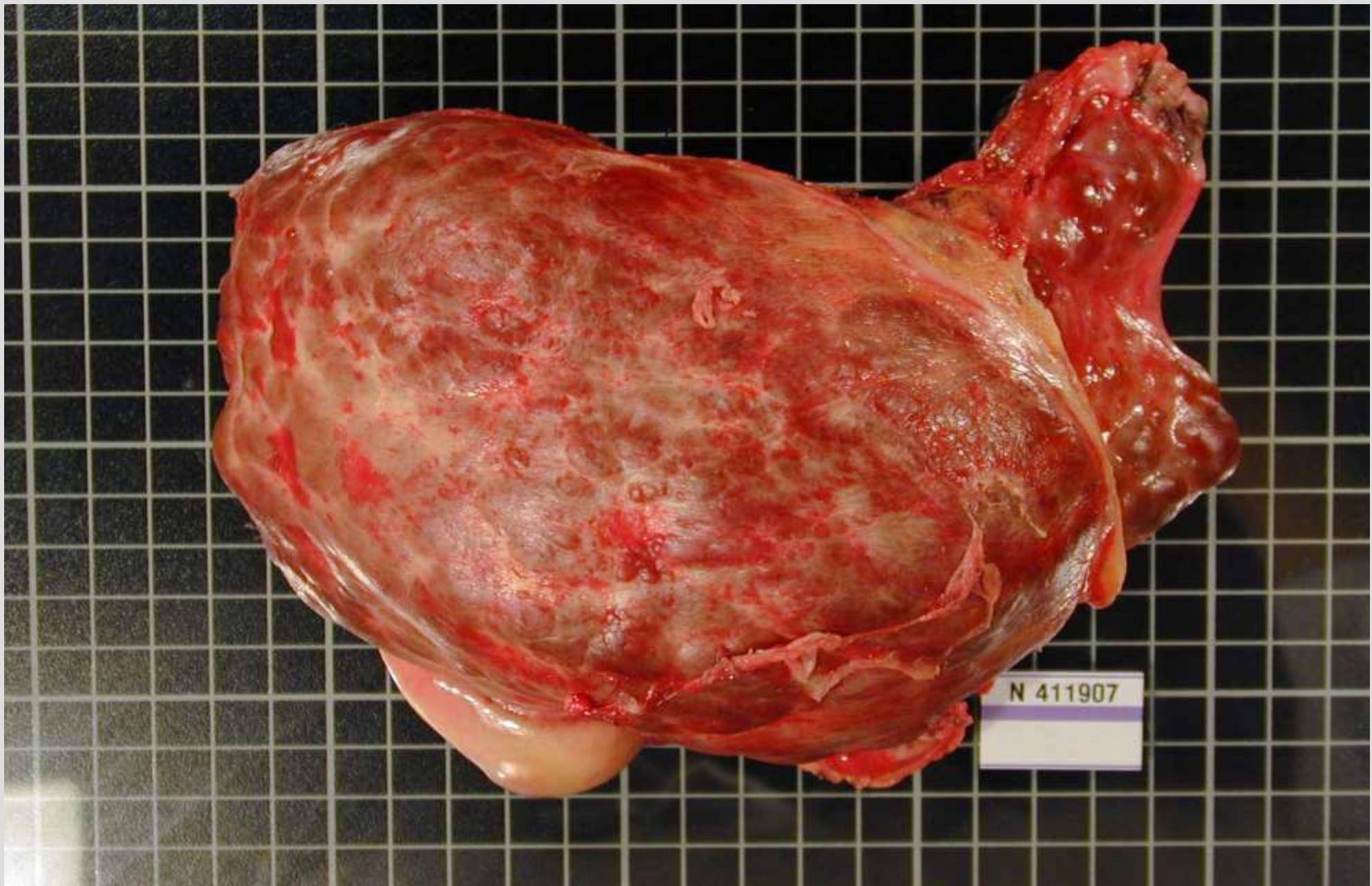
# Idiopathic portal hypertension

## Genetic component

Congenital defect	Familial cases
Turner syndrome	Nodular regenerative hyperplasia
Adams-Oliver syndrome	Incomplete septal cirrhosis
Telomerase complex mutations	Idiopathic portal hypertension

# Histopathological Features of IPH

HISTOLOGICAL LESIONS	BIOPSY SPECIMEN N = 82 (%) Mean Size°= 13.7mm [5-30]	EXPLANTED LIVERS N = 9 (%) Mean Weight= 837g [610-1,640]
Obliteration of portal venules	79* (96)	9 (100 )
Nodular regenerative hyperplasia	57 (70)	9 (100 )
Perisinusoidal fibrosis	47 (57)	9 (100)
Sinusoidal dilatation	34 (41)	6 (67)
Aberrant vessels	31 (38)	5 (55)
Extensive portal fibrosis □ (>F1)	25 (30)	8 (89 )
Dysmorphic liver		6 (67)
Obliterated large portal veins		6 (67)
Hepatic venopathy		2 (22)



Courtesy Pierre Bédossa, Valérie Paradis and Dominique Cazals-Hatem