

# Portal hypertension: its management in 2013.

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Portal hypertension remains one of the major complications of liver cirrhosis and is defined as an hepatic venous pressure gradient (HVPG) of more than 5 mmHg. Clinically significant portal hypertension is defined as HVPG of 10 mmHg or more. Development of gastroesophageal varices and variceal hemorrhage are the most direct consequence of portal hypertension. Over the last decades, significant advancement in the field has led to standard treatment options.

In this presentation, Baveno V consensus will be presented by outlining the most important steps which have to be taken into account in the management of the different stages of portal hypertension.

In the context of primary prophylaxis, the place of endoscopy, portal pressure gradient measurement, drugs such as non-selective beta-blockers and treatment of primary cause of liver disease will be discussed.

At the stage of acute variceal bleeding, the implementation of adequate fluid resuscitation and transfusion, antibiotics, vasoactive drugs, therapeutic endoscopy and transjugular intrahepatic portosystemic shunt (TIPS) as well as liver transplantation will be put in perspective. A focus on the differences between vasoactive drugs will be presented.

Finally, the role of secondary prophylaxis will also be outlined.

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