**Supplementary Table 3.** **Therapeutic strategies for nontumoral portal vein thrombosis in cirrhosis**

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| --- | --- | --- | --- |
| **Modality** | **Indication** | **Contraindication** | **Therapeutic agent** |
| **Systemic anticoagulant** | 1. Liver transplantation candidate2,3,11 2. Extension to SMV2,3,11 3. Inherited prothombophillic disorder2,3,11 | Relative contraindications   1. Untreated high risk esophageal varies 2. Platelet count <50×109/L (increased risk of bleeding complication)80 | **Warfarin**   * Therapeutic INR of 2.0-3.025,79-82 * Consider CTP class A and B (7-8)82 * Initial dose of 1 mg/day with 1-mg increment until therapeutic range achieved82   **Low molecular weight heparin**   * Consider CTP B9 and CTP C cirrhosis82 * 40-50% dose in patient with thrombocytopenia (platelet <50×109/L)46,82,83 * 40% dose reduction if creatinine clearance less than 50 mL/min46 * Enoxaparin 200 U/kg/d84 * Enoxaparin 1 mg/kg subcutaneously q 12 h85 * Nadroparin 5,700 IU/day25 * Nadroparin 95 antiXa U/kg body weight td83 * Danapariod sodium 2500 U/day86 * Fondaparinux1 (dosage not available)   **Direct oral anticoagulant**   * 50% dose reduction in CCr 30-50 mL/min and body weight ≤60 kg86 * Do not use in decompensated cirrhosis87 * Do not use in patient with CCr <30 mL/min * Edoxaban 60 mg once daily (50% hepatic elimination)86 * Rivaroxaban 10 mg oral q 12 h85 (65% hepatic elimination) * Dabigatran (20% hepatic elimination) * Apixaban (75% hepatic elimination)87,88 |
| **Transjugular intrahepatic portosystemic shunts** | 1. Refractory or no response to systemic anticoagulation89 2. Strong contraindication for systemic anticoagulation89 3. Consider in cirrhotic patients with PVT and co-existing refractory variceal bleeding /refractory ascites90 | Absolute contraindications   1. Refractory hepatic encephalopathy91 2. Severe cardiopulmonary co-morbidities91 3. Active infection91 4. Significant renal dysfunction91 5. Relative contraindications 6. SMV involvement92 7. Presence of portal carvernoma92 | * No need for routine post-procedural anticoagulation therapy91 * Consider prophylactics for stent dysfunction: post-operative intravenous heparin (8,000-12,000 U/day) for 5-7 days, warfarin for 6-12 months, and lifelong aspirin,92 particularly in patients with complete thrombosis93 * Intravenous arginine and branch chain amino acid as prophylactics for hepatic encephalopathy92 * An intravenous antibiotic for prevention of procedural-related infection92 |

Abbreviations: CCr, creatinine clearance; CTP, Child-Turcotte-Pugh; INR, international normalized ratio; PVT, portal vein thrombosis; SMV, superior mesenteric vein.