**American College of Radiology**  
**ACR Appropriateness Criteria**

**Radiologic Management of Portal Hypertension**

**Variant 1:** Acute variceal bleeding. Child-Pugh class A, cirrhotic with index bleed from acute esophageal variceal hemorrhage, MELD 10, no encephalopathy. Initial therapy.

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- M: Meta-analysis
- 1: Level 1 evidence
- 2: Level 2 evidence
- 3: Level 3 evidence
- 4: Level 4 evidence
- 5: Level 5 evidence
- N/A: Not Applicable
### Transjugular intrahepatic portosystemic shunt

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- 28 (12076458) 4
- 29 (21707680) Not Assessed

### Surgical shunt

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### Coated esophageal self-expandable metal stent

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### Variant 2: Acute variceal bleeding. Child-Pugh class B, cirrhotic with active esophageal variceal hemorrhage, MELD 12, previously treated with octreotide and variceal ligation (EVL) on three prior occasions, no encephalopathy.

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| Transjugular intrahepatic portosystemic shunt | Usually appropriate | Strong | N/A | N/A | 7 | 7 | 0 | 0 | 0 | 0 | 2 | 4 | 3 | 2 |
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### Surgical shunt

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Surgical shunt: May be appropriate

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### Coated esophageal self-expandable metal stent

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Coated esophageal self-expandable metal stent: Usually not appropriate

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### Variant 3: Acute variceal bleeding

Child-Pugh class C, cirrhotic with active esophageal and junctional variceal hemorrhage, previously treated with octreotide and endoscopic sclerotherapy, MELD 17, intermittent mild hepatic encephalopathy managed as an outpatient with nutritional support.
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Coated esophageal self-expandable metal stent

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Variant 4: Acute variceal bleeding. Child-Pugh class C, cirrhotic with hepatocellular carcinoma, branch portal vein tumor thrombus, and active esophageal and gastroesophageal type 1 (GOV1) variceal hemorrhage, MELD 24.

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### Variant 5: Ascites. Initial therapy for Child-Pugh class B cirrhotic asymptomatic patient with small-volume ascites.

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Variant 6: Ascites. Child-Pugh class B cirrhotic with chronic ascites despite daily diuretic therapy and low-sodium diet.

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Variant 7: Ascites. Child-Pugh class B cirrhotic with chronic ascites undergoing weekly large-volume paracentesis; rapidly declining renal function unresponsive to diuretic withdrawal.

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Appendix Key
A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

**Appropriateness Category**: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

**SOE**: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References**: The citation number and PMID for the reference(s) associated with the recommendation.
- **Study Quality**: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

**RRL**: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

**Rating**: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Median**: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Final tabulations**: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at [www.acr.org/ac](http://www.acr.org/ac).