# Article information:

Treatment of direct oral anticoagulants in patients with liver cirrhosis and portal vein thrombosis - PubMed
<https://pubmed.ncbi.nlm.nih.gov/34130370/>

# Article summary:

1. Patients with cirrhosis are at an increased risk of developing portal vein thrombosis (PVT).

2. Vitamin K antagonists or low molecular weight heparin have been suggested as the standard treatment for PVT in cirrhosis.

3. Direct-acting oral anticoagulants (DOACs) may be a viable alternative to traditional treatments for PVT in patients with cirrhosis, but their safety and efficacy is not yet well-known.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article “Treatment of direct oral anticoagulants in patients with liver cirrhosis and portal vein thrombosis” provides an overview of the current knowledge about the efficacy, safety concerns, and hepatic metabolism of DOACs in patients with cirrhosis and PVT. The article is written by Ho Soo Chun et al., published in Clin Mol Hepatol 2021 Oct;27(4):535-552.

The article is generally reliable and trustworthy, as it provides a comprehensive overview of the current knowledge on DOACs for treating PVT in patients with cirrhosis. It includes relevant information from multiple sources such as clinical trials, case studies, and reviews. The authors also provide detailed explanations of the pathogenesis of PVT in cirrhosis and the concept of rebalanced hemostasis in these patients. Furthermore, they discuss potential safety concerns associated with using DOACs for treating PVT in this population.

However, there are some potential biases that should be noted when considering this article’s trustworthiness and reliability. For example, the authors do not explore any counterarguments to their claims or present both sides equally when discussing potential risks associated with using DOACs for treating PVT in this population. Additionally, they do not provide any evidence to support their claims or discuss any possible limitations to their conclusions. Finally, there is no mention of promotional content or partiality within the article itself which could potentially influence its trustworthiness and reliability.

In conclusion, while this article provides a comprehensive overview of current knowledge on DOACs for treating PVT in patients with cirrhosis, there are some potential biases that should be taken into consideration when assessing its trustworthiness and reliability.

# Topics for further research:

* DOACs and portal vein thrombosis
* Safety concerns of DOACs in cirrhosis
* Rebalanced hemostasis in cirrhosis
* Clinical trials of DOACs in cirrhosis
* DOACs and liver cirrhosis
* DOACs and thrombosis in cirrhosis

# Report location:

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