

Dear Editor,

According to the recommendations by the Company Editor-in-Chief of *World Journal of Gastroenterology*, I am transferring the enclosed manuscript entitled "**Successful treatment of acute symptomatic extensive portal venous system thrombosis by 7-day systemic thrombolysis (Manuscript NO: 77421)**" for your consideration for publication as a "**LETTER TO THE EDITOR**" in your journal *World Journal of Gastrointestinal Surgery*.

Portal venous system thrombosis (PVST) refers to the development of clots within the main portal vein, intrahepatic portal vein branches, mesenteric vein, and/or splenic vein. Acute PVST can cause acute mesenteric ischemia and even intestinal infarction, which are potentially fatal. Anticoagulation has been regarded as the first-line choice for treating PVST, but its efficacy is limited. Recent practice guidance and consensus recommend that local or systemic thrombolytic therapy should be considered in patients with extensive PVST and signs of intestinal ischemia or deterioration after adequate anticoagulant therapy. However, as known, systemic thrombolysis has been rarely attempted for the treatment of acute PVST due to its potential bleeding risk. In this paper, we reported a 56-year-old male non-cirrhotic patient with acute symptomatic extensive PVST who received systemic thrombolysis combined with anticoagulation. Initially, anticoagulation with enoxaparin sodium for four days was ineffective, and then systemic thrombolysis was added for 7 days with the total urokinase dosage of 21,000,000 IU. After that, his abdominal pain completely disappeared, and portal vein system vessels became gradually patent. Collectively, our case report supported that systemic thrombolysis may be alternative in the cases where anticoagulant therapy fails and interventional therapy is not available or feasible.

In this work, I guarantee that the manuscript is original research that has not been published nor is under consideration for publication elsewhere. All of the authors made an intellectual contribution to the manuscript and approved this submission. We have no conflict of interest related to this submission.

Thank you for your consideration.

Sincerely yours,

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