Maastricht UMC+
Heart+Vascular Center

Acute iliofemoral DVT

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No disclosures

Case

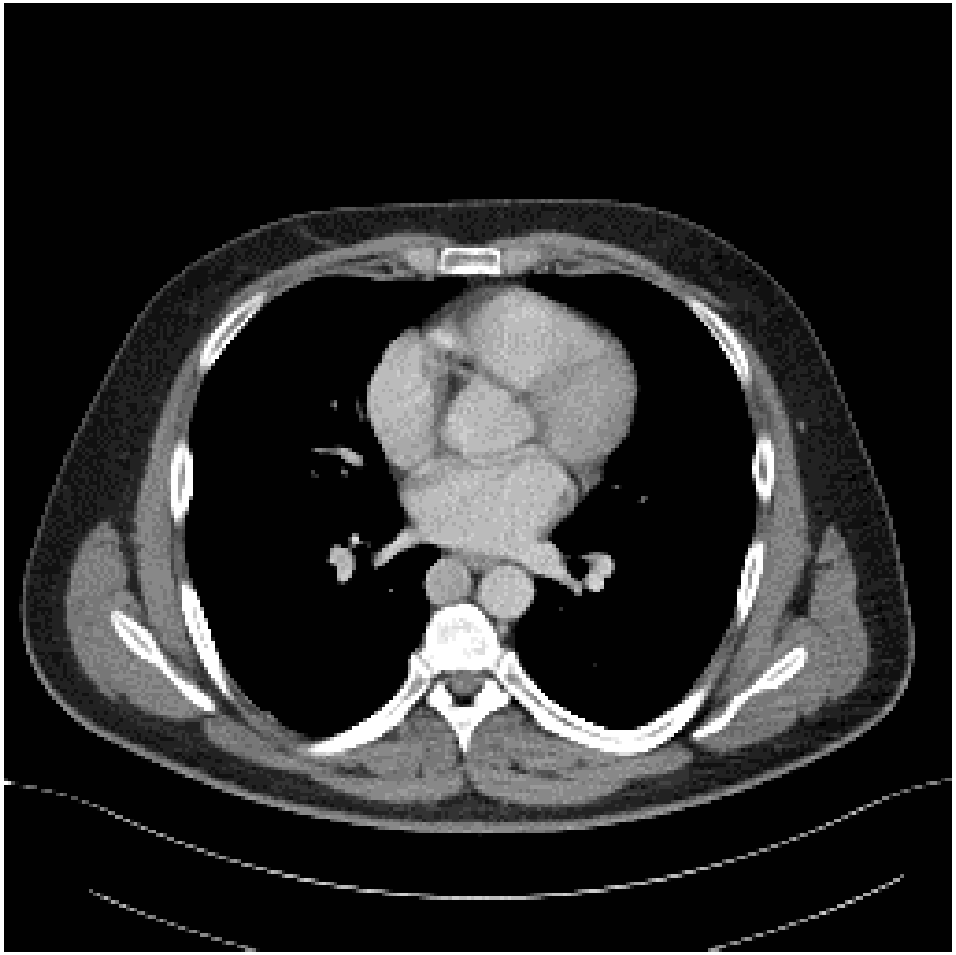
- Male, 48 years old
- Medical history
  - Chronic epididymitis
  - Hypertension
- Presentation

Pain lower back and right hemiabdomen

Elevated leukocyte count and CRP

Ultrasound negative

CT

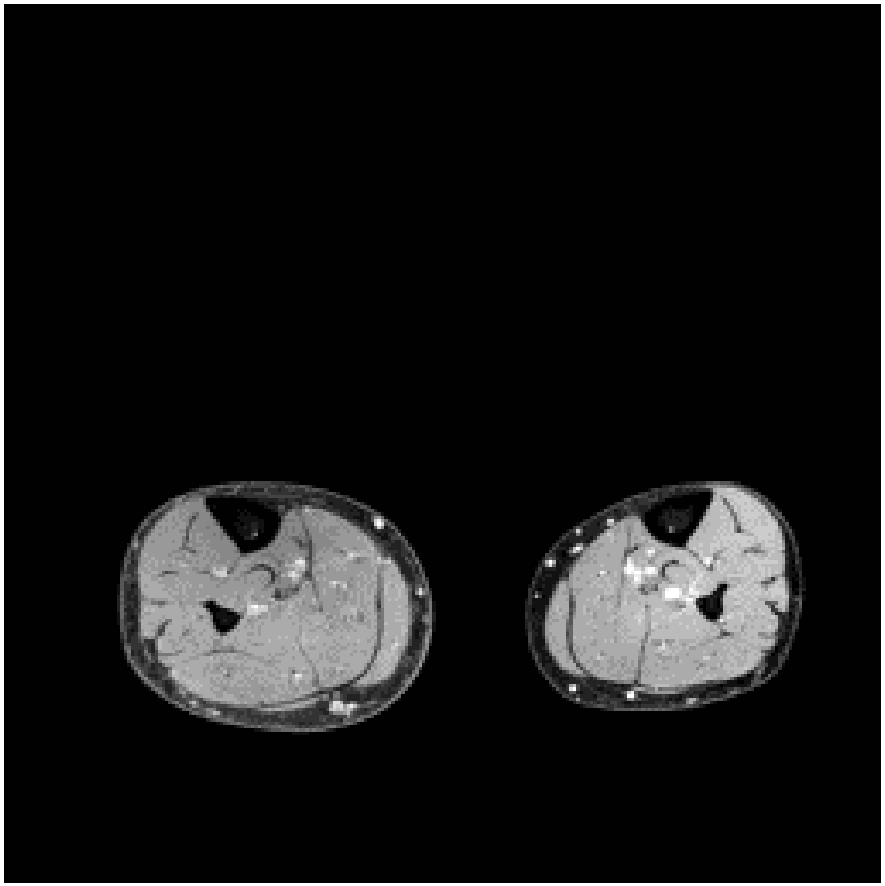


Diagnosis?

- Central deep venous thrombosis
- Cause?
    - Paraneoplastic?
    - Central venous obstruction?
    - Coagulation disorder?
    - Idiopathic?

Further analysis?

MR venography



Further analysis

Consultation urologist

- Scrotal ultrasound: negative
- Kidney ultrasound: hemorrhagic cysts right kidney

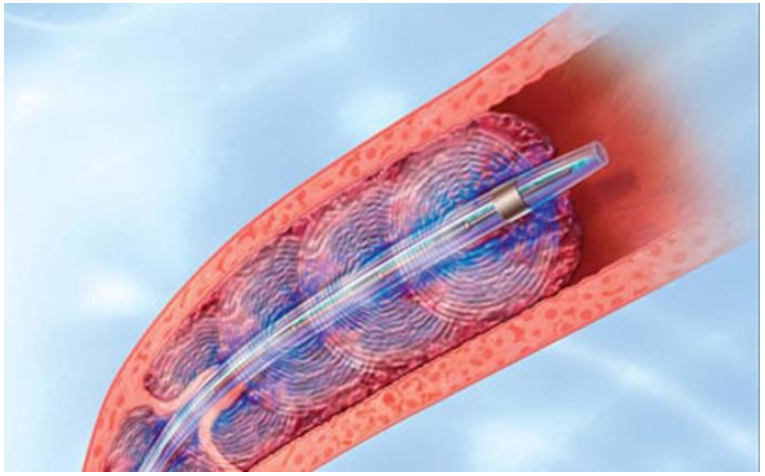
Consultation vascular medicine

- General screening no additional advise

Diagnosis: DVT

Treatment

- Conservative
- Invasive
    - Thrombectomy
    - Thrombosuction
    - Thrombolysis



Treatment

Treatment	Complete Lysis	Major Bleeding	PTS
Oral Anticoagulant Therapy	2%[1]	0-3%[1]	27[2]-89%[1]
Systemic Thrombolysis	28%[1]	8%[1]	34%[1]
Catheter-Directed Thrombolysis	31-61%[1,3-5]	0-11%[3-6, 8]	10[1]-47%[6-8]
Ultrasound-Accelerated Catheter-Directed Thrombolysis	70-83%[9,10]	0-3.8%[9,10]	..

Alesh et al, Catheterization and cardiovascular interventions 2007; Ginsberg et al, Arch Intern Med 2001; Mewissen et al, Radiology 1999; Elsharawyy et al, Eur J Vasc Endovasc Surg 2002; Enden et al, Lancet 2012; Haig et al, Lancet Haematol 2016; Vedanthem et al, N Engl J Med 2017; Motarjeme et al, J Endovasc Ther 2017; Parikh et al, J Vasc Interv Radiol 2008.

Thrombolysis

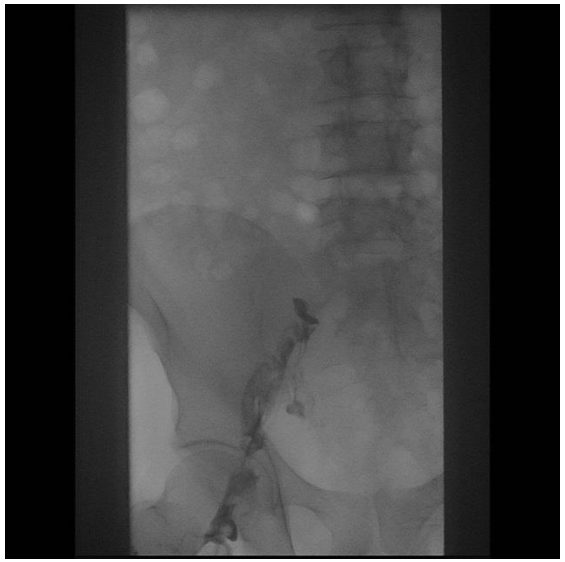
	N (IFDVT)	Intervention	PTS	Major Bleeding
CaVenT[1]	209 (209)	CDT (rtPA) + stenting	41.1% vs. 55.6% P = 0.047 (2 year) 43% vs. 71% P<0.0001 (5 year)	9.0% vs. 0% P = 0.002
ATTRACT[2]	692 (391)	CDT (rtPA) + stenting	46.7% vs. 48.2% P = 0.56	1.7% vs. 0.3% P = 0.049
CAVA	184 (184)	UACDT (urokinase) + stenting	42.7% vs. 44.6% P = 0.45	5.2% vs. 0% P = 0.06

Enden et al, Lancet 2012; Haig et al, Lancet Haematol 2016; Vedantham et al, N Engl J Med 2017.

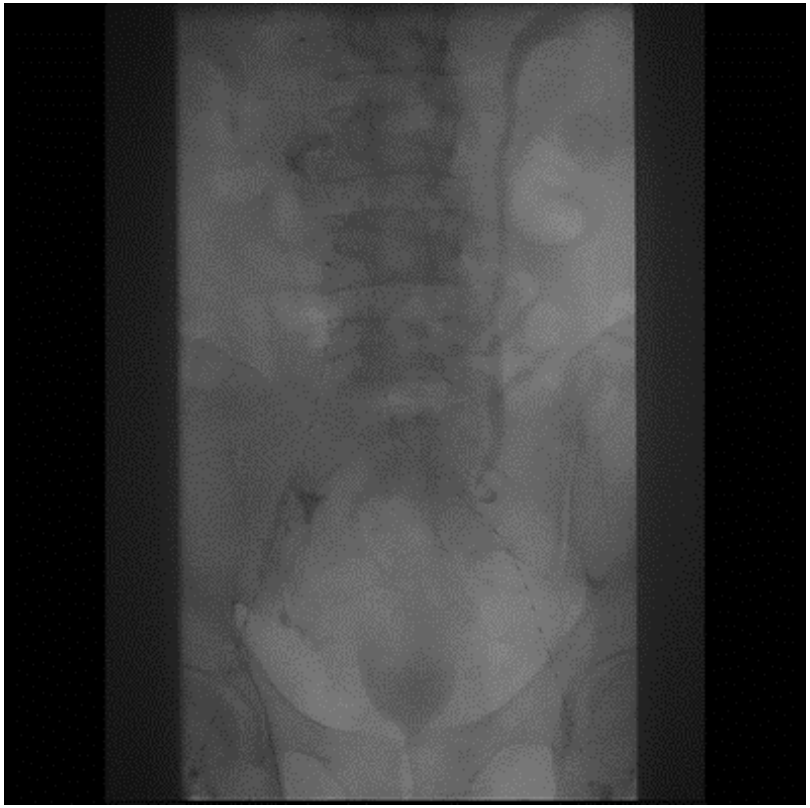
Back to the patient

- Treatment?

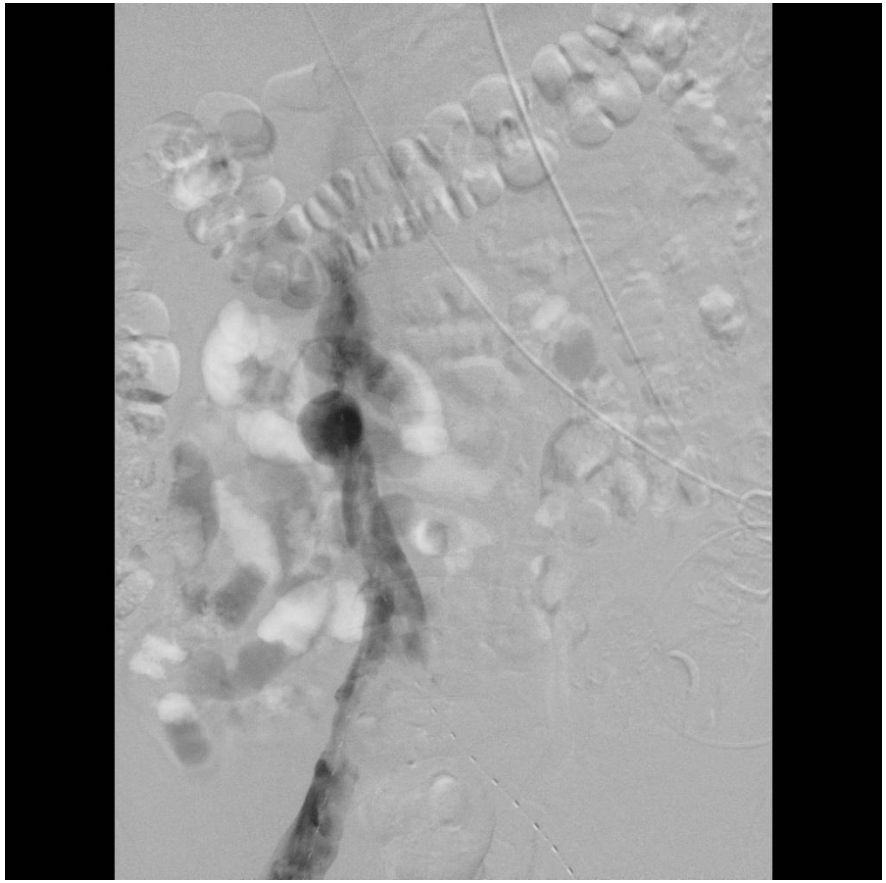
Thrombolysis

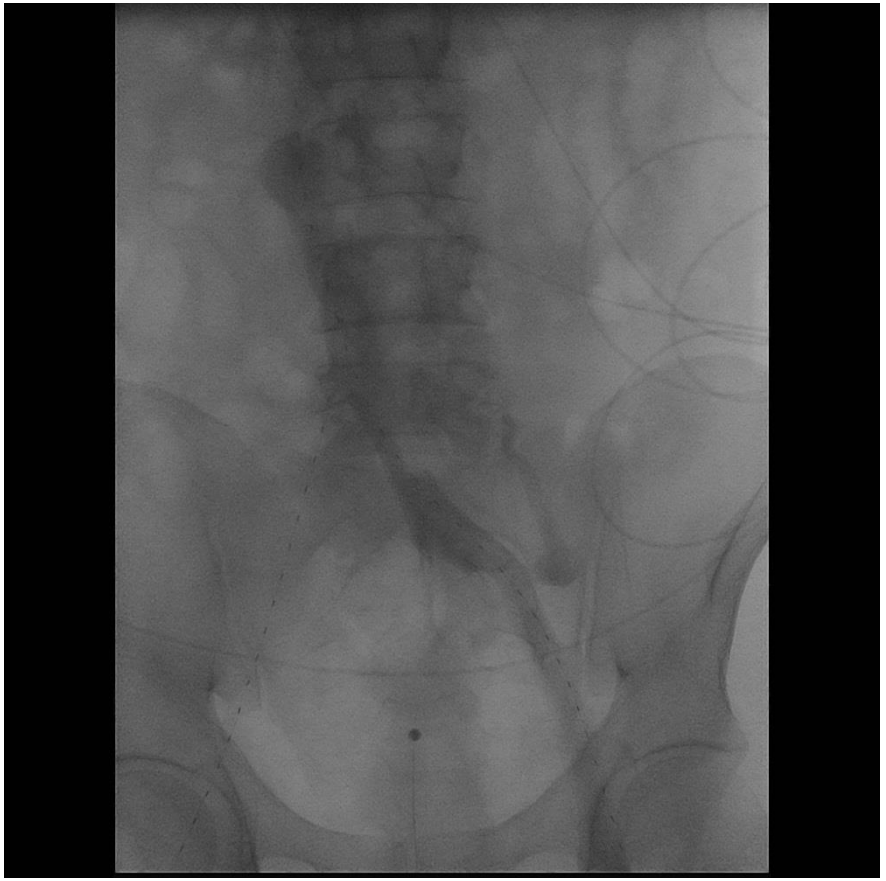


Thrombolysis

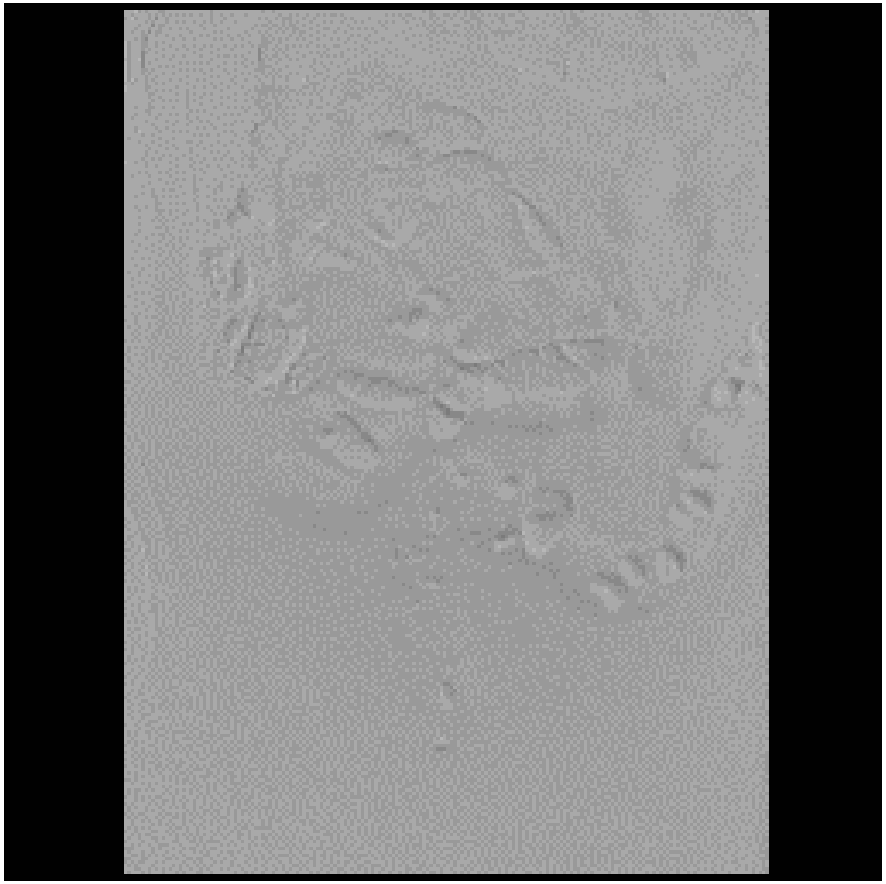


Thrombolysis – 24 h

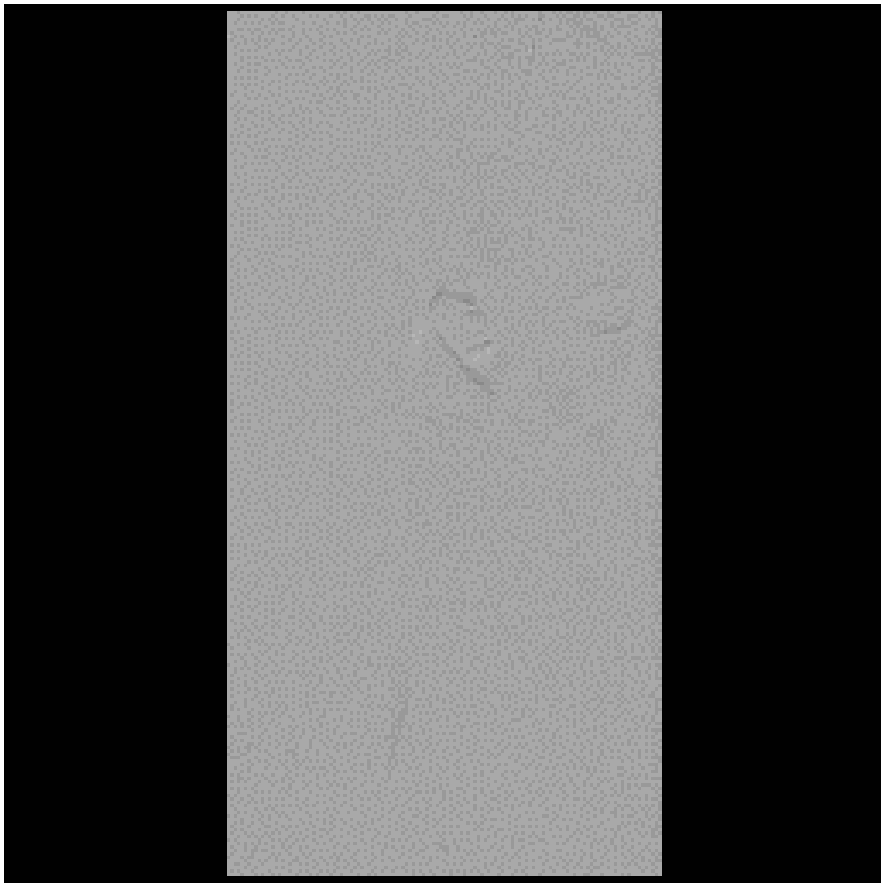




Thrombolysis- 48h



PTA/ stenting



Conclusion

- Early thrombus removal role in prevention PTS
- Complete lysis important
- Find and treat central venous obstruction
- More evidence thrombolysis needed

- Shared decision making