ACUTE DVT SHOULD BE MANAGED WITH AGGRESSIVE INTERVENTIONAL APPROACH: LARGE EXPERIENCE FROM SOUTH ASIA

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DISCLOSURES

- I have a consultancy agreement with
  - BOSTON SCIENTIFIC
  - ASTRA ZENICA

INTERVENTIONAL OPTIONS

- Catheter directed lytics.
  - EKOS catheter.
  - AngioJet.
  - TRELLIS Pharmaco-mechanical thrombectomy.

Better Endovascular Outcomes
It is a Different Procedure From What We did in the 1990’s

- Abiopulse emerging as preferred agent
- Strong affinity for fibrin
- Nonimmunogenic
- Unlike rt-PA and tenecteplase, much shorter T/2 and can be given as IV infusion

Anti-coagulation Is Not Enough

- Does reduce risk of pulmonary embolism (0.4-1.5% fatal PE)
- Variably prevents clot propagation
- Does not dissolve clot
- Does not prevent venous damage
- Does not prevent Post-Thrombotic syndrome
- Does not rapidly resolve symptoms

Thrombolysis
- Bleeding by 50% in recent CDT reports (4.8%)²
  - Better patient selection
  - Improved techniques
  - Operator experience
  - Shorter procedure times, resource utilization and total LOS
Isolated Pharmacomechanical Thrombolysis Treatments (Isolated PMT)

- Thrombus isolated between occluding balloons
- Lytic isolated between occluding balloons
- Reduction in thrombolytic dosing
- Aspiration of thrombus and lytic
- Single setting thrombus removal
- No reported major bleeding
- Reduces/eliminates ICU time

Pharmacomechanical Thrombolysis Treatments (PMT)

- Thrombolytic infusion with mechanical energy
- Dissolves and macerates thrombus
- Reduces the thrombolytic dose & time

PERSONAL EXPERIENCE

- 976 Venous limbs in 911 patients in last 7 yr
- DVT duration: 1-14 days
- CDTT alone: 286 limbs
- PMT: 637 limbs
- Mechanical Thrombectomy / aspiration: 531 limbs
- PTA alone: 143 limbs
- PTA + Stent: 138 limbs

RESULTS

- Complete Resolution: 638 limbs
- Post Thrombotic syndrome: 43 limbs
- Pulmonary Embolism: 01
- Recurrence of DVT: 37
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