Superficial Thrombophlebitis of the Lower Extremity

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Superficial Thrombophlebitis

- 125K Annually
- Venous Duplex
- Traditional Management:
  - Compression, NSAIDs and Elevation

SVT and Varicose Veins

- 2/3 – Varicose Veins
- 70% - Superficial Venous Insufficiency
- 3-20% of SVT patients with VV develop DVT
  - VS -
- 44-60% of SVT patients without VV develop DVT

SVT – Progression to DVT/PE

- 25% - Concomitant DVT at presentation
  – 50% NOT contiguous with SVT
    Decousus et al, Annals of Internal Medicine, 2010
- 7-44% risk of progression into the deep system
- Likelihood of progression influenced by:
  – Proximity of superficial thrombus to the SFJ
  – SVT location within 1cm of the SFJ
    Leon, Eur J Vasc Endovasc Surg, 2005
    Chengelis, J Vasc Surg, 1996
    Martiselli, Thrombosis and Haemostasis, 1999

SVT – Associated Hypercoaguability

- No current guidelines support concise recommendations
- Increased risk for SVT with inherited coagulopathies
- Reasonable that unprovoked and recurrent SVT merits investigation
SVT - Treatment

• Goals of treatment
  – Symptom alleviation
  – Prevention of thrombus propagation
  – Prevention of extension into the deep system
  – Prevention of recurrence

• NSAIDs
  – Reduce risk of extension and/or recurrence
  – NO protection against VTE

Quenet, J Vasc Surg, 2003

SVT – Treatment

• STENOX (N=427) – 8-12 days of treatment:
  • No hemorrhagic morbidity
  • No HIT
  • Advantage maintained at 3 months

Superficial Thrombophlebitis Treated By Enoxaparin Study Group, Arch Int Med 2003

SVT - Treatment

• STEFLUX (N=664) – Composite end point = any DVT, symptomatic PE, relapse or recurrent SVT
  – Intermediate dose x10 days – 15.6%
  – Intermediate dose x30 days – 1.3%*
  – Prophy dose x 30 days – 7.3%

• No major hemorrhage
• Premature study termination

Cosmi et al, J Thromb Haemost, 2012

SVT - Treatment

• CALISTO (N=3002) – Randomized to:
  – 45 days of fondaparinux (2.5mg SQ Daily) v. Placebo


SVT – Guidelines

• 2012 ACCP CHEST Guidelines
  – Prophylactic Fondaparinux OR Lovenox for 45 days (Grade 2B) for SVT of the lower limb that measures at least 5cm in length
  – Favors 2.5mg Fondaparinux > LMWH for patients with SVT being treated with anticoagulation (Grade 2C)

Kearon Chest, 2012
Conclusions

- Mild
  - Grade of vascular length
- Moderate
  - At least 3cm distal to SF
  - At least 1cm of tissue length
- Advanced Venous Insufficiency
  - Recurrent SF
  - SF thrombus - treat by reaching the SF

- Medial Compression
  - Vena Cava compression
- Femoral 2.5 mg daily
  - LMWH 40mg daily
- Medical management on arterial and
direct use of anticoagulation and
treatment
- Therapeutic Anticoagulation

Thank You