Venous Thrombophlebitis: It Is Very Common Yet There Is Much Uncertainty And Variation In Practice Between Primary And Secondary Care: Grading Of Severity

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Management of SVT

- Survey of 430 physicians
- Great disparity exists
- Guidelines not widely adopted

SVT with concomitant DVT at diagnosis

Study | Proportion of patients with concomitant DVT at PE
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Lutter 1991 | 28.5%
Barbarell 1993 | 36%
Jorgensen 1998 | 22.7%
Bilancini 1999 | 23.6%
Gillet 2001 | 32%
Decousus 2010 (POST, n=844) | 24.9%
Galanaud 2011 (OPTIMEV, n=788) | 28%
Frappe 2014 | 24.6%

Jean-Luc Gillet, Phlebolymphology 2015

Risk of venous and arterial thrombotic events in patients diagnosed with superficial vein thrombosis: a nationwide cohort study

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Key Points

- In the 3 months after isolated SVT, the risk of a deep venous event or pulmonary embolism is 3.4%.
- This risk remains elevated increased more than 5 years after the superficial event.

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SVT with concomitant DVT at diagnosis

- Clinical examination may underestimate extent of the SVT
- Concomitant DVT is common
- DVT is frequently in the other leg (17% of cases)
- Ultrasound is mandatory

SVT with concomitant PE

<table>
<thead>
<tr>
<th>Study</th>
<th>Proportion of patients with PE</th>
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<tbody>
<tr>
<td>Lutter 1991</td>
<td>4 %</td>
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<tr>
<td>Bameleer 1993</td>
<td>13.3 %</td>
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<tr>
<td>Bilancini 1994</td>
<td>1.9 %</td>
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<tr>
<td>Gillet 2001</td>
<td>3 %</td>
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<td>Decousus 2010 (POST)</td>
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Outcome after initial SVT

- Rate of of VTE 3-20 % depending on length of follow up

<table>
<thead>
<tr>
<th>Study</th>
<th>VTE overall</th>
</tr>
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<tbody>
<tr>
<td>Gillet 2002</td>
<td>16.4 % after 34.5 months</td>
</tr>
<tr>
<td>Decousus 2010 (POST)</td>
<td>8.1 % at 3 months</td>
</tr>
<tr>
<td>Galnaud 2011 (OPTIMEV)</td>
<td>12.5 % at 3 years</td>
</tr>
<tr>
<td>Barco 2017 (ICARO)</td>
<td>12.9% at ~3 years</td>
</tr>
</tbody>
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Higher risk factors

- Non-varicose veins
- SFJ or SPI involvement
- Male gender
- Previous DVT or PE
- Cancer

SVT and Cancer

- Trousseau 1865
  - Association with cancer

SVT and Cancer

- Van Dormaal, 250 pts with SVT for 2 years, found 5 cancers (2%, same as control group)
- Sorensen, Danish National Registry
  - 7663 SVT, 45 252 DVT, 24332 PE
  - Would have to investigate 150 cases to find one cancer

SVT is relatively common in cancer (and is associated with poorer prognosis)
SVT is rarely the presenting feature of a new cancer
POST and OPTIMEV

1178 patients with SVT (556 OPTIMEV, 643 POST)
95 active cancers

1074 patients available at follow up
42 more symptomatic VTE events
No new cancers

Galeraud et al 2012

Thrombophilia

• Similar incidence to DVT
• Thrombophilia more common than cancer
  • Usually factor V Leiden
  • 25% more than one
• Does not influence management
• UK Haematology guidelines do not recommend routine screening

Martelli et al, 1999; Sobreira et al 2017

Thrombophilia

• SVT in non-varicose veins, 73 patients
  • Thrombophilia in 55 (76%)
    • Factor V Leiden 52%
    • MTHFR mutation 38%
    • Antiphospholipid syndrome 8%
    • Others 13%
    • More than one thrombophilia in 23%
  • 4 patients had cancer (5%)

Lucchi et al, Phlebology

Care pathway

Clinical diagnosis of SVT

DVT

Duplex scan

VT with no DVT

Anticoagulate? Dose? Duration?
Compression?
NSAID?
Operation?