“Is Upper limb thrombolysis justified after the ATTRACT trial?”

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Disclosures

- Commercial: Acergy, Vascular Insights, Medtronic, Vascutek, Urgo Laboratoire
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In conclusion, among patients with acute proximal deep-vein thrombosis, the addition of pharmacomechanical catheter-directed thrombolysis to anticoagulation did not result in a lower risk of the post-thrombotic syndrome but did result in a higher risk of major bleeding.

Guidelines: US College of Chest Physicians

- In patients with acute upper extremity DVT that involves the axillary or more proximal veins, we suggest anticoagulant therapy alone over thrombolysis (Grade 2D).
- Remarks: patients who (i) are most likely to benefit from thrombolysis; (ii) have access to CT-sc; (iii) attach a high value to prevention of PTS; and (iv) attach a lower value to the initial complexity, cost, and risk of bleeding with thrombolytic therapy are likely to choose thrombolytic therapy over anticoagulation alone. Rib resection is not generally recommended.

GB Committee for Standards in Haematology

- Patients with TED undergoing surgical decompression should not routinely receive thrombolytic therapy or venoplasty prior to the procedure (2B).
- Patients with upper extremity DVT should receive anticoagulation with heparin for at least 5 d and warfarin. The optimal duration of warfarin therapy is unknown. Periods of 3–6 months are associated with low risk of recurrence and are likely to be satisfactory (2B).
International Society of Thrombosis/Haemostasis

As thoracic outlet syndrome is a risk factor for an upper-limb DVT, imaging studies, such as CT or MR venography of the affected vasculature, can be useful to define the site of obstruction. Vascular surgical intervention can be undertaken for severe thoracic outlet syndrome to obviate consideration of continued anticoagulation.

Anticoagulation alone is not enough

Surgery+/− thrombolysis reduced PTS

Some Truth re UL Thrombolysis

• Early intervention with CDT and first rib resection leads to good outcomes for upper limb DVT in most cases
• Depends upon early recognition and treatment
• Poor/delayed lysis result often precludes surgery
• There are a number of unanswered questions that require study

What do you think?

“Thats all Folks!”