Does The ATTRACT Trial Result Change How You Manage Patients With Acute DVT

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Case
- 50 year old man presents from OSH with LLE swelling
- His LLE looks like this:
- Pulses, motor function and sensation are normal
- Symptoms started 3 days ago and “are about the same” despite anticoagulation
- He says: “In the other hospital they would not do anything. I want a procedure to get the clot out”

Case – He is found to have:

Should Endovascular Clot Removal be Performed?

ATTRACT Set Off to Try and Prevent A Complication of Leg Clots Called PTS:

Disclosures
- Scientific advisory board – Novate medical
- Non-compensated consultant – BTG
In ATTRACT Patients with “Proximal” DVT were Randomized to AC with or without PMCDT

PTS still Frequent. Signal for Less Severe PTS. More Bleeding.

Acute Symptoms Resolved Quicker with PMCDT (at the Price of Bleeding)

Case - (Short-Term) Patient Outcome

- He presented on a Friday
- By Monday, with anticoagulation, bedrest and elevation, his leg looked like this:
- No procedure was done

(My) Take Home Message

- Intervention for DVT has several ACUTE indications:
  - Restore ARTERIAL flow
  - Reduce ACUTE symptoms
- Intervention for COMMON FEMORAL (and more proximal) DVT likely has LONG-TERM benefits of reducing post-traumatic symptoms
- Intervention for FEMORAL DVT is rarely indicated
- In the absence of phlegmasia, for me, THIGH SWELLING is a good marker of a need for a procedure*

* Not evidence based
* Credit – Bob Schainfeld

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