



Post Thrombotic Syndrome

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Post Thrombotic Syndrome

Aetiology

- ▶ Failure of acute thrombus to recanalise
- ▶ Obstruction and or valve dysfunction
- ▶ Chronic venous hypertension

- ▶ Development of collaterals (hazards)
- ▶ Location and extent of thrombus
- ▶ Underlying medical issues
- ▶ Patient factors

Post Thrombotic Syndrome

Signs and Symptoms

- ▶ Swelling and aching
- ▶ Venous claudication
- ▶ Skin pigmentation
- ▶ Ulceration
- ▶ Incidence varies depending on thrombus load and location
- ▶ Incidence depends on definition 20-40 %
- ▶ Quite disabling
- ▶ Symptoms v Pathophysiology

Recent developments

- ▶ Pockets of enthusiasm for endovenous procedures
- ▶ Wide variation in clinical opinions
- ▶ RVH very selective mainly acute cases
- ▶ BCH more experience in acute and chronic cases
- ▶ Benefits of merger
- ▶ NICE Guidelines
- ▶ ATTRACT study
- ▶ Improving technology (diagnostic and interventional)

ATTRACT STUDY

Acute venous thrombosis: thrombus removal with adjunctive catheter-directed thrombolysis

- ▶ Proximal deep vein thrombosis
- ▶ 692 Patients randomised
- ▶ Control group Anticoagulation only
- ▶ Anticoagulation plus pharmaco-mechanical thrombolysis (stents)
- ▶ Endpoint development of PTS between 6 and 24 months follow up
- ▶ Secondary endpoints , major bleeding, symptomatic PEs, recurrent VTE , death

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ATTRACT STUDY RESULTS

- ▶ No difference in patients with PTS (Rx 47% v Control 48%)
- ▶ Recurrent VTEs , no difference (Rx 12% v Control 8%)
- ▶ Moderate/severe PTS (Rx 18% v Control 24%) $p=0.04$
- ▶ No difference in QOL from baseline to 24 months between groups
- ▶ Severity scores for PTS lower in Rx v Control at 6,12,18 and 24 months
 $p<0.01$ (Villalta scale)
- ▶ Major bleeding events within 10 days in Rx group (1.7% v 0.3%)
 $p=.049$

Problems with the ATTRACT STUDY

- ▶ PTS as a binary outcome , no difference
- ▶ Symptom severity of PTS improved at each time point with Rx ?
- ▶ Patient selection (initially Ileo/Fem but extended to Fem/Pop)
- ▶ Low rate of stenting (68% iliac venoplasty 28% stented)
- ▶ Villalta scale subjective , validated appropriately ?
- ▶ High rate of PTS diagnosed in both study groups

Pragmatic Approach to Deep Vein Thrombosis

- ▶ Prevention
- ▶ Early recognition and diagnosis of DVT
- ▶ Prompt treatment (Anticoagulation / Compression/ Elevation)
- ▶ Appropriate imaging

- ▶ Ileo/femoral DVT acute , severe symptoms , age , comorbidities
- ▶ Discuss with Vascular ST/Consultant Surgeon/Radiologist
- ▶ MDT ?
- ▶ Consider lysis
- ▶ Try and get a bed !

For Discussion

- ▶ Decreasing role for vascular surgeon ???
- ▶ Haematology and radiology main players
- ▶ Changing roles of specialists (Vascular Surgeons and Interventional Radiology)
- ▶ Medical management of acute and chronic VTE ?
- ▶ New agents , compliance ?
- ▶ Reconfiguration of vascular services ?