

CATHETER DIRECTED THROMBOLYSIS FOR ACUTE Iliofemoral DVT – PREDICTORS OF OUTCOME

INTRODUCTION

Catheter- Directed Thrombolysis (CDT) for Acute massive iliofemoral Deep Vein Thrombosis (IFDVT) is being more liberally used for the last two decades with encouraging technical success rates . However controversies exist in the literature and available Randomized Controlled Studies (RCTs) as far as predictors of favorable / unfavorable clinical & technical outcome following such intervention

AIM

The aim of this prospective observational cohort study is 1) To identify a subset of patients who show favorable outcome post CDT for Acute iliofemoral DVT and evaluate potential predictors of outcome

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METHODS

Thirty three consecutive patients presenting to ER at Ain Shams University Hospitals were recruited during 2013-2017 Primary endpoints were clearance of the thrombus load in the iliac segment , evident improvement of symptoms and signs, lysis for 48 hours, total failure of lysis after the first 24 hours haemorrhage threatening general condition and occurrence of PE Mean follow-up was 21 months Secondary endpoint was development of PTS during follow up

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RESULTS

100 % of our 33 patients had > 50 % lysis (14 complete lysis) But Lysis \geq 48 hrs (21 patients) was associated with 87 % successful technical outcome . Lysis < 48 hrs (12 patients) had only 60 – 70 % technical success . Clinically relevant bleed occurred in 6 patients and life threatening bleeding in one case necessitating abortion of CDT and resuscitative measures .A sub-analysis was made for favorable predictive factors and revealed No difference in technical or clinical outcome between patients presenting < 7 days and those received 7-16 days post-insult Likewise demographic criteria and individual risk factors had no impact on final outcome Lysis for 48 hours or more was associated with more favorable outcome Type of lytic agent was insignificant as far as final outcome , but dose of lytic drug and residual thrombus score were strongly correlated with the final outcome

Conclusion

The current study shows that factors correlated with favorable outcome are

longer duration of lysis , higher lytic dose and lower residual thrombus score after the initial procedure

There is an obvious need for further RCTs with larger numbers and longer follow-up .

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