

SVT TREATMENT OPTIONS: DOAC, LMWH, NOTHING, SOMETHING

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SUPERFICIAL THROMBOPHLEBITIS

- A. warm/cold compress, NSAIDs and follow?
- B. anticoagulate?
- C. depends?

CHEST 2021 Weak recommendation:

Anticoag if: GSV/SSV, large area, close to SFJ/SPJ, active cancer, severe symptoms, h/o DVT or SVT.

fondaparinux 2.5 mg qd, rivaroxaban 10mg qd, apixaban 2.5mg bid 45days

Decousus H, Frandoni P, Mismetti P, et al. Fondaparinux for the treatment of superficial-vein thrombosis in the legs. N Engl J Med 2010; 368: 1222–32.

QUESTIONS TO ASK YOURSELF

- US YES (not just clinical)
- SVT VV only or GSV/SSV
- Close to SFJ/SPJ how close is close? 5cm/10cm
- Risk of DVT
- F/U US 10-14 days

Prevalence of deep vein thrombosis and pulmonary embolism in patients with superficial vein thrombosis: a systematic review and meta-analysis
M N D Di Minno 43, Pambrosino 3, Fambrosini 4, ETremoli 3, G Di Minno 3, E Dentali 4-J Thromb Haemost, May 2016

• The association of superficial vein thrombosis (SVT) with venous thromboembolism (VTE) is variable. We performed a meta-analysis to assess the prevalence of concomitant VTE in patients with SVT. Deep vein thrombosis was found in 18.1%, and pulmonary embolism in 6.9%, of SVT patients. Screening for VTE may be worthy in some SVT patients to plan adequate anticoagulant treatment.

ANTICOAG NOT NEEDED

- VV only, distal GSV/SSV, ambulatory
- minimal pain, symptoms stable on f/u visit (10-14 days)
- no progression on f/u US
- · hot, cold, compression, NSAIDS, activity?

ANTICOAG NEEDED

- 5-10 cm from SFJ/SPJ
- extensive SVT or progression
- significant pain
- multiple episodes of DVT?
- DOAC vs enoxaparin anti-thrombotic/anti-inflammatory

ENGLEWOOD

CHEST 2021 GUIDELINES

Weak recommendation:

Anticoag if: GSV, large area, close to SFJ, active cancer, severe symptoms, h/o DVT or SVT. Fondaprinux 2.5 mg daily or rivaroxaban 10mg daily 45 days

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