15:30 – 17:00 Sessione 7: Messaggi pratici da e per i medici di medicina generale (MMG)
Moderano: *L. Aluigi (Bologna), P.L. Antignani (Roma), C. Manotti (Parma)*

15:30 – 15:45 **I Medici di Medicina Generale (MMG) e i pazienti anticoagulati: stato attuale e prospettive,** *G. Ermini (Bologna)*
15: 45 – 16:00 **Il documento Consenso FCSA/SIMG per la gestione integrata nel territorio dei pazienti anticoagulati,** *C. Manotti (Parma), D. Parretti (Perugia)*
16:00 – 16:15 **Ricercare oppure no il cancro nei pazienti con tromboembolismo venoso (TEV)? No, sì, a chi?** *S. Villalta (Treviso)*
16:15 – 16:30 **Diagnosi e terapia delle trombosi venose superficiali: consigli pratici per i medici di medicina generale (MMG),** *E. Bucherini (Faenza, RA)*
16:30 -17:00 Discussione sui temi precedentemente trattati

Discutono con i presenti: *M. Di Nisio (Chieti), G. Lessiani (Pescara), D. Mastroiacovo (Avezzano, AQ), R. Parisi (Venezia)*

Eugenio Bucherini
O.C. Faenza/Ravenna - AUSLRomagna

Conflitto interessi

Boerhringer Ingelheim;

Daiichi-Sankyo

Bayer;

Roten;

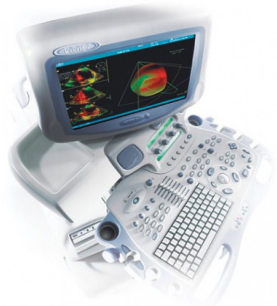
Sanofy

Bristol-Myers Squibb/Pfizer

Servier

The incidence of superficial thrombophlebitis **remains unclear** but is thought to be higher than that of deep vein thrombosis, which is estimated at about **one for 1000.**

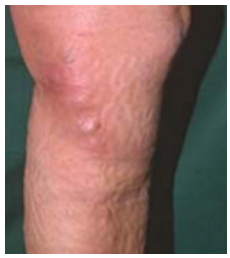
(**Di Nisio M,** Treatment for superficial thrombophlebitis of the leg. Cochrane Database Syst Rev 2013



Ultrasonography (CUS) within 24–48 h (bilateral if lower limbs are involved)

Diagnosi (Overwiev)

- TVS su vena varicosa
- TVS su vena sana
- TVS di crosse
- TVS arto superiore…
- TVS in sedi atipiche (Mondor, LAC, vena dorsale del pene etc (?)…)



Clinically suspected SVT (pain, erythema, warmth and hardness along the course of the superficial vein)

Open Access

BMJ Open

Incidence of superficial venous thrombosis in **primary care (1.31** per 1000 person/years follow-up**)** and risk of subsequent venous thromboembolic sequelae: a retrospective cohort study performed with routine healthcare data from the **Netherlands**

Open Access

Table 1 Characteristics of included patients with SVT

Item	Isolated SVT n/N (%)	SVT with VTE sequelae n/N (%)	OR (95% CI) Univariate	Multivariate
Age				
Mean age	56.3 years	56.2 years	NA	NA
Proportion >75 years	371/1925 (19.3%)	13/83 (15.7%)	0.78 (0.43 to 1.42)	0.76 (0.41 to 1.40)
Females	1271/1925 (66.0%)	52/83 (62.7%)	0.86 (0.55 to 1.36)	0.99 (0.62 to 1.57)
Active malignancy	74/1925 (3.8%)	7/83 (8.4%)	2.30 (1.03 to 5.17)	2.19 (0.97 to 4.95)
Pregnancy	82/1925 (4.3%)	1/83 (1.2%)	0.27 (0.04 to 1.99)	0.28 (0.04 to 2.05)
Varicose veins	760/1925 (39.5%)	22/83 (26.5%)	0.55 (0.34 to 0.91)	0.57 (0.34 to 0.94)

NA, not applicable; SVT, superficial venous thrombosis; VTE, venous thromboembolism.

Geert -GJ, et al. BMJ Open 2018

Journal of Thrombosis and Haemostasis, **14**: 964–972 DOI: 10.1111/jth.13279

ORIGINAL ARTICLE

Prevalence of deep vein thrombosis and pulmonary embolism in patients with superficial vein thrombosis: a systematic review and meta-analysis

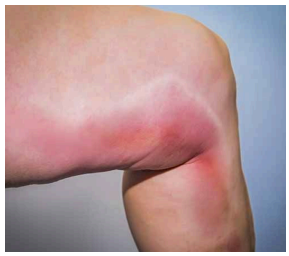
M. N. D. DI MINNO,*† P. AMBROSINO,‡ F. AMBROSINI,§ E. TREMOLI,† G. DI MINNO‡ and F. DENTALI§

TVS & meccanismi infiammatori (?)
TVP& meccanismi trombotici (?)

...risk factors, are common to both DVT/PE and SVT.

Prevalenza TEV in paz con TVS
- TVP **18.%**
- Embolia polmonare **6.9%**

(M.N. Di Minno J thromb Haem **2016**)



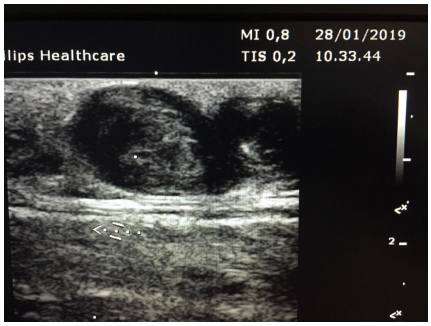
TVS:
- si complica in TVP 5,6 - 44%
- « in TEP sintomatica 2 - 13%;
- « « asintomatica 20 – 33%

(F. Verlato - J Vasc Surg **1999**)

TVS… fattori di rischio

- Presenza di **vene varicose** (fattore principale, nell'80% dei casi)
- Traumi
- Età avanzata;
- Chirurgie
- Cancro attivo
- Gravidanza
- Terapia ormonale
- Obesità
- Malattie autoimmuni (Bechet e Burger)
- Trombofilia
- Ago-cannula (arto superiore)
- Associata ad arteriopatia???

TVS : secondo alcuni trattasi di un disordine benigno e autolimitantesi!!!???

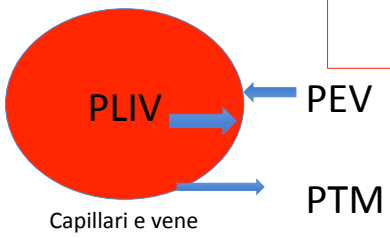


…of thromboembolic complications, as shown by two observational studies (POST and OPTIMEV) in which 23% of patients presenting with isolated lower-limb SVT also had DVT, with half being non-contiguous and 17% in the contralateral limb

Sindrome Varicosa

Stress failure in pulmonary capillaries

JOHN B. WEST, KOICHI TSUKIMOTO, ODILE MATHIEU-COSTELLO, AND RENATO PREDILETTO
Department of Medicine, University of California, San Diego, La Jolla, California

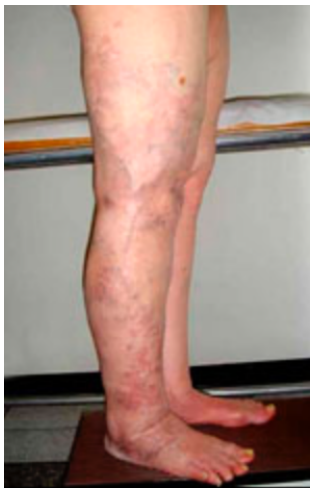


Pressione Transmurale (PTM) = Pressione Laterale Intra-Venosa (PLIV) – Pressione Extra-Venosa (PEV)

Pietra Miliare: trasformazione di *segnali meccanici* in *segnali biochimici* a livello endoteliale con danni al glicocalice.

Anomalie congenite/vascolari

Alterazioni morfologiche e funzionali artero/venose

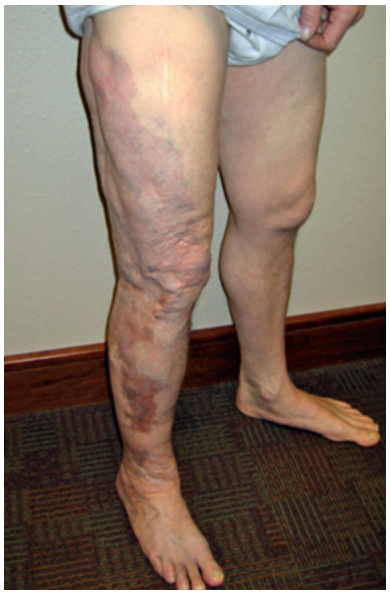


La **dilatazione venosa** diminuisce la pressione di punta con aumento di quella laterale-dilatativa (**stasi ematica)** ed attivazione delle metalloproteasi (MMPs 2,9).

L'assenza o riduzione dello ***Shear Stress***, riduce la tensione di attrito imposta dal sangue all'endotelio per liberare *ossido nitrico* **(effetti antiaggreganti** e vasodilatazione).

I recettori endoteliali (*glicocalici)* perdono la funzione di legare o intrappolare i leucociti **favorendo il processo infiammatorio**.

Associazione Italiana angiodisplasie



Klippel-Trenaunay Syndrome

…is a condition that affects the development of **blood vessels**, **soft tissues** (such as skin and muscles), and **bones**.

The disorder has three characteristic features:

- a red birthmark called a wine stain,
- abnormal overgrowth of tissues and bones,
- vein malformations (Thrombophlebitis).

TROMBO DEL CIRCOLO VENOSO SUPERFICIALE

What are the types …

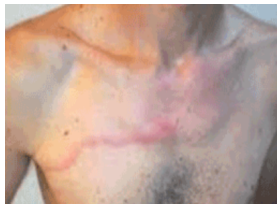
Prevalente componente flogistica, molti leucociti, aderenza del trombo alla parete anch'essa flogistica, estensione della flogosi a cute e sottocute .

- **Traumatic superficial thrombophlebitis …** *Intravenous cannulation and infusions* of irritant products can be causative, including the chemical
- **Infective thrombophlebitis** …by prolonged intravenous cannulation causing *infection* and thrombosis.
- **Migratory thrombophlebitis…** can be associated with an *underlying malignancy, particularly carcinoma of the pancreas).*
- ***D.D.** Periflebite? (*flogosi locoregionale) *Linfosclerosi? (*cordone cutaneo)

Mondor's Disease of the Chest Wall- A Forgotten Cause of Chest Pain: Clinical Approach and Treatment

Etiologies of mondor's disease
Idiopathic
Trauma
Infections: bacterial, viral [herpes zoster]
Intravenous drug injection
Vasoconstriction drugs
Rheumatologic diseases: systemic lupus erythematosus, scleroderma, rheumatoid arthritis.
Tight clothes
Hyper coagulation states
Malignancy
Electrocution

….it can involve other areas, such as **the neck**, **abdomen** and **penis**



Journal of General Practice -2014

Migratory thrombophlebitis

Francia
1801-1867

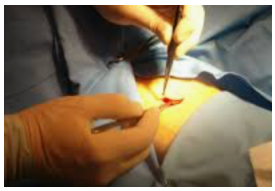
La relazione tra malattia neoplastica e disordini tromboembolici è nota dal 1865.

Armand Trousseau recognised that ***phlegmasia alba*** was frequently associated with malignant disease. His

Recurrent superficial thrombophlebitis at various separate sites **without an identifiable local cause**.

This can be associated with an **underlying malignancy**, particularly **carcinoma of the pancreas**.

Diaconu C, Mateescu D, Balaceanu A, et al. Pancreatic cancer presenting with paraneoplastic thrombophlebitis—case report. J Med Life 2010;3:96-9.



Biopsia cutanea???

Histopathology

Histopathology 2018, **73**, 407–416. DOI: 10.1111/his.13635

Interobserver reliability of histopathological features for distinguishing between cutaneous polyarteritis nodosa and superficial thrombophlebitis

Parnhathai Hutachuda,[1] Suchanan Hanamornroongruang,[1] Penvadee Pattanaprichakul,[2] Pattriya Chanyachailert[2] & Panitta Sitthinamsuwan[1]

[1]*Department of Pathology, Faculty of Medicine Siriraj Hospital, Mahidol University, and* [2]*Department of Dermatology, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand*

La sindrome da anticorpi antifosfolipidi

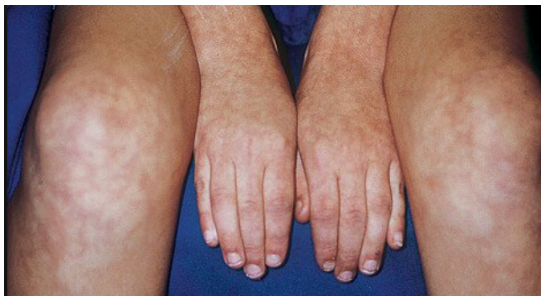
…**sindrome** è un insieme di segni e sintomi che caratterizzano una particolare condizione clinica.

L'APS è caratterizzata dalla associazione di almeno un criterio clinico (*trombosi o fallimento della gravidanza*) e uno di laboratorio (presenza di anticorpi antifosfolipidi).

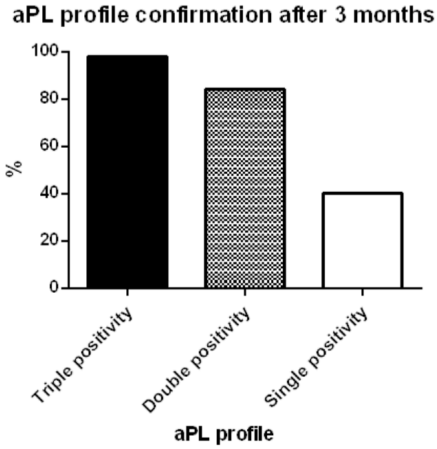
autoimmuni.

Pengo V. Clinical course of high-risk patients diagnosed with antiphospholipid syndrome. J Thromb Haemost 2010;8:237–42.

Acrocianosi & Flebopatia (?)



Livedo Reticularis



… la diagnosi di trombosi (TVS) in alcuni casi se strettamente necessario (LAC) può essere **anche bioptica**

Pengo V et al. JTH 2013

(ci sono trombi occludenti che si associano ad infiltrati di neutrofili e linfociti nell'intima oppure reazione cellulo – mediata)

Regular Article

CLINICAL TRIALS AND OBSERVATIONS (Blood. 2015;125(2):229-235)

Risk of venous and arterial thrombotic events in patients diagnosed with superficial vein thrombosis: a nationwide cohort study

Suzanne C. Cannegieter,[1] Erzsébet Horváth-Puhó,[2] Morten Schmidt,[2,3] Olaf M. Dekkers,[1,4] Lars Pedersen,[2] Jan P. Vandenbroucke,[1] and Henrik T. Sørensen[2]

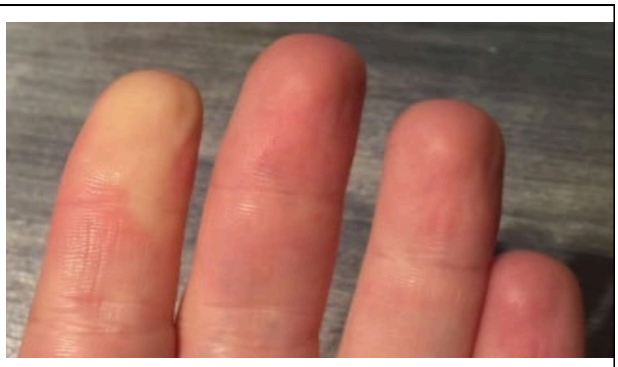
[1]Department of Clinical Epidemiology, Leiden University Medical Centre, Leiden, The Netherlands; [2]Department of Clinical Epidemiology, Aarhus University Hospital, Aarhus, Denmark; and [3]Department of Cardiology, Aarhus University Hospital, Aarhus, Denmark; and [4]Department of Clinical Endocrinology and Metabolism, Leiden University Medical Centre, Leiden, The Netherlands

Key Points

- In the 3 months after isolated SVT, the risk of a deep venous event or pulmonary embolism is 3.4%.
- This risk remains fivefold increased more than 5 years after the superficial event.

Recently, it has become apparent that superficial vein thrombosis (SVT) can have serious complications. However, the magnitude of the risk of subsequent deep venous and arterial thrombotic events remains unknown. We examined this in a nationwide population-based setting during a period when SVT was not treated routinely with anticoagulants. The Danish National Registry of Patients, covering all Danish hospitals, was used to identify 10 973 patients with a first-time diagnosis of SVT between 1980 and 2012. A comparison cohort of 515 067 subjects, matched by age, gender, and calendar year, was selected from the general Danish population. Outcomes were venous thromboembolism, acute myocardial infarction, ischemic stroke, and death. During median follow-up of 7 years, the incidence rate of venous thromboembolism was 18.0/1000 person-years (95% confidence interval [CI], 17.2-18.9). The highest risk occurred in the first 3 months (3.4%; 95% CI, 3.0-3.7). Compared with the general population, the hazard ratio was 71.4 (95% CI, 60.2-84.7) in this period, steadily decreasing to 5.1 (95% CI 4.6-5.5), 5 years after the SVT. The hazard ratios for acute myocardial infarction, stroke, and death were 1.2 (95% CI, 1.1-1.3), 1.3 (95% CI, 1.2-1.4), and 1.3 (95% CI, 1.2-1.3), respectively, with the highest risk also shortly after SVT. These data indicate the prognostic importance of SVT and may form the basis for clinical decision-making regarding anticoagulation. (*Blood.* 2015;125(2):229-235)

TVS & Morbo di Burger



…o **tromboangioite obliterante**
E' una forma di **vasculite** che provoca un'infiammazione segmentaria delle piccole e medie arterie e, **frequentemente, delle vene superficiali degli arti.**

I trombi occludenti si associano ad infiltrati di neutrofili e linfociti nell'intima.

Nelle lesioni più vecchie, si può verificare una fibrosi periarteriosa, che **talvolta interessa la vena** e il nervo adiacenti.

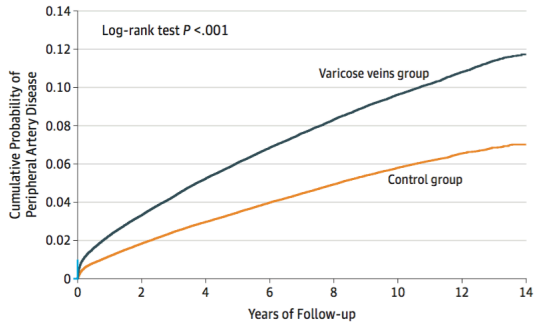
Fumo di sigaretta forse fattore di rischio fondamentale (ipersensibilità-angioite tossica?). Oppure tromboangioite obliterante può rappresentare una **patologia autoimmune** causata da un'ipersensibilità cellulo-mediata ai tipi I e III del collagene umano, che sono costituenti della parete vasale.

Research

JAMA | Original Investigation

Association of Varicose Veins With Incident Venous Thromboembolism and Peripheral Artery Disease

C Peripheral artery disease



No. at risk

Varicose veins group	212984	189030	156678	126026	96343	65688	33897
Control group	212984	190291	158230	127359	97340	66345	34407

Conclusions

Among adults diagnosed with **varicose veins**, there was a significantly increased risk of incident DVT;

the findings for PE and **PAD** are less clear due to the potential for confounding.

Whether the association between varicose veins and DVT is causal or represents a common set of risk factors requires further research.

Chang SL, Huang YL, Lee MC, et al. JAMA 2018;319:807-17.

Infezione virale e Vasculopatia???

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Acute Myocardial Infarction after Laboratory-Confirmed Influenza Infection

Jeffrey C. Kwong, M.D., Kevin L. Schwartz, M.D., Michael A. Campitelli, M.P.H.,

Forse …. un meccanismo condiviso che porta all'insulto ischemico, probabilmente mediato dalla risposta infiammatoria e dallo stress del sistema vascolare comune a tutti i virus (?)
…dallo studio anche un'azione specifica del virus influenzale, forse mediata da una maggiore attivazione piastrinica e disfunzione endoteliale.

January 25, 2018

AMARCORD

ANGIOSPORT

Current Sports Medicine Reports
March 2004, Volume 3, Issue 2, pp 77–83

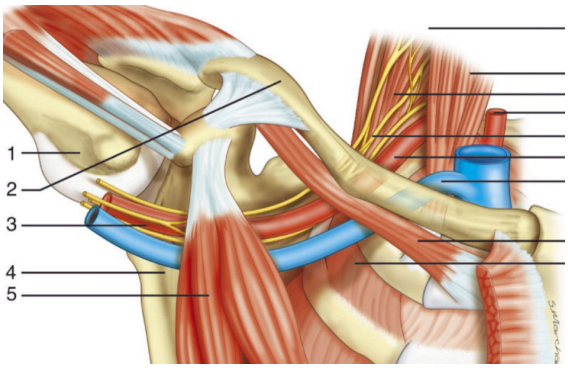
Hypercoagulability in athletes

Christopher Meyering
Thomas Howard

In general athletes have a low risk of venous thrombosis… However this population is exposed to many acquired **thrombogenic risk factors**, including **hemoconcentration**, **trauma**, **immobilization**, **long – distance** travel…

Ricerca condizioni anatomiche predisoponenti (**gesto atletico)**

Trombosi dell'arto superiore



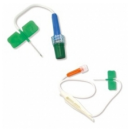
Evento raro dall'1 al 3% di tutte le TVP

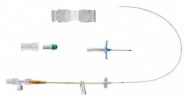
Cause scatenanti (**inserimento di catetere** venoso centrale, di p**ace-maker**s, t**ossicodipendenza**, **neoplasie**, **estroprogestinici**, deficit congeniti di proteine anticoagulanti), spesso associati a **conflitti costo-claveare**).

Trombi da sforzo (trombosi ascellare succlavia che si associa a sforzi che producano lesioni indirette all'intima venosa).

Catheter-related risk factors

Agocannula 

Microperfusori 

Midline 

PICC 

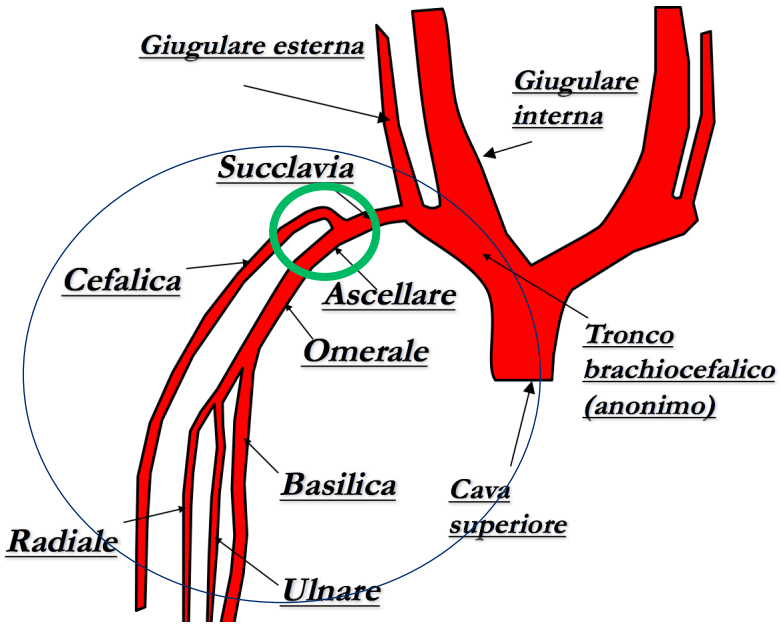
CVC monolume 

CVC multilume 

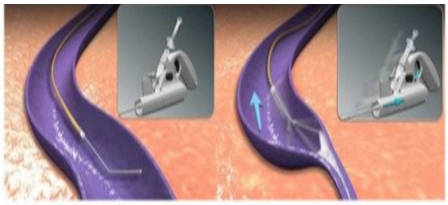
CVC silicone 

CVC a camera tipo Port 

Cateteri per emodialisi 



Chirurgia per varici - **MOCA**:
Ablazione meccano-chimica della safena
strumento denominato ClariVein



(**Filo ruotante** con danno irreversibile della parete interna della vena e **contemporaneamente l'infusione di un liquido sclerosante.**

Glue colla schiuma per varici

Percentuale più alta di sviluppare TVS con l'utilizzo di **colla endovasale** e compressione con sonda ecografica, rispetto alla schiuma, radiofrequenza o endolaser.

..facilitazioni diagnostiche?!?!

Age-adjusted D-dimer cut-off leads to more efficient diagnosis of venous thromboembolism in the emergency department: a comparison of four assays

D-dimero, valori soglia differenziati permettono diagnosi di TEV più accurate

Tabella I. Condizioni in cui è stato osservato un aumento del D-dimero nel plasma

- Età avanzata
- Periodo neonatale
- Gravidanza fisiologica e patologica (incluso il puerperio)
- Pazienti ospedalizzati
- Pazienti con disabilità funzionale
- Infezioni (in particolare sepsi da Gram negativi)
- Neoplasie
- Interventi chirurgici
- Traumi
- Ustioni
- CID
- Tromboembolia venosa
- Cardiopatia ischemica
- Stroke
- Arteriopatia periferica
- Aneurismi
- Scompenso cardiaco congestizio
- Crisi emolitiche nell'anemia falciforme
- Emorragie subaracnoidee ed ematomi sottodurali
- Altre emorragie
- ARDS
- Malattie epatiche
- Malattie renali
- Malattie infiammatorie intestinali
- Malattie infiammatorie croniche (es. LES, artrite reumatoide)
- Terapia trombolitica

• Terapia trombolitica

RAM?

Checklist

Major points
Active cancer (treatment ongoing or within previous 6 months or palliative)
Paralysis, paresis, or recent plaster immobilisation of the lower extremities
Recently bedridden >3 days and/or major surgery within 4 weeks
Localised tenderness along the distribution of the deep venous system
Thigh and calf swollen (should be measured)
Calf swelling 3 cm >symptomless sid… …cm below tibial tuberosity)
Strong family history of DVT… …with history of DVT)
Minor points
History of recent traum… …symptomatic leg
Pitting oedema; sympto… …only
Dilated superficial veins (non-varicose) in symptomatic leg only
Hospitalisation within previous 6 months
Erythema

Clinical probability

High
≥3 major points and no alternative diagnosis
≥2 major points and ≥2 minor points+no alternative diagnosis
Low
1 major point+≥2 minor points+has an alternative diagnosis
1 major point+≥1 minor point+no alternative diagnosis
0 major points+≥3 minor points+has an alternative diagnosis
0 major points+≥2 minor points+no alternative diagnosis
Moderate
All other combinations

Active cancer did not include non-melanomatous skin cancer; deep-vein tenderness had to be elicited either in the calf or thigh in the anatomical distribution of the deep venous system.

Table 1: **Clinical model for predicting pretest probability for deep-vein thrombosis**

Terapia (Overwiev)

Cochrane Library
Cochrane Database of Systematic Reviews

Revisioni sistematiche più recente 2018…

Treatment for superficial thrombophlebitis of the leg (Review)

Di Nisio M, Wichers IM, Middeldorp S

1. In conclusion, **fondaparinux** appears to be an **adequate treatment …**
2. The optimal dose and duration of treatment **need to be established….**
3. **Further research is needed** to assess the role of **rivaroxaban** and other such medicines, or thrombin, **low molecular weight heparin** or **NSAIDs ….**
4. and to demonstrate the effectiveness, if any, of **topical treatment, or surgery** in terms of VTE.

Management of superficial vein thrombosis.

..proposta…!?!?
1. distanza dalla crosse
2. lunghezza del trombo (burden)
3. sintomatologia???

*1- Low-risk SVT * §:*
thrombus length < 4–5 cm and
> 3 cm from saphenofemoral/saphenopopliteal junction

⇩

(topical or oral) NSAIDs for 8–12 days

*2- Intermediate-risk SVT ** §:*
thrombus length > 4–5 cm and
> 3 cm from saphenofemoral/saphenopopliteal junction

⇩

Fondaparinux 2.5 mg daily for 45 days or
intermediate/therapeutic dose LMWH for 4–6 weeks

3-High risk SVT §:
thrombus < 3 cm from saphenofemoral junction
(possibly also saphenopopliteal junction)

⇩

Therapeutic anticoagulation as for DVT
Vitamin K antagonists (possibly NOAC) for 3 months

(if varicose veins, graduated compression elastic stockings in all cases, unless contraindicated)

Cosmi B.
J Thromb Haemost 2015; 13: 1175–83.

1. Stenox study
2. Steflux study
3. Calisto study
4. Surprise study
5. ……??

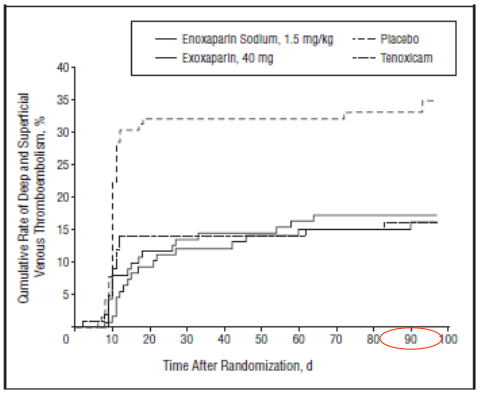
Criterio di scelta

- estensione TVS
- **Esclusione** trombosi peri-giunzione safenica (3 cm).
- Alcuni studi hanno **escluso pazienti a rischio più elevato** (ad es oncologici) per evitare che alcuni potessero essere randomizzati a placebo.
- **Obiettivo** della terapia per una TVS:
- -sintomatica (sono dolorose);
- -estensione al sistema venoso profondo;
- -evitare se possibile la recidiva.
- **Dubbio:** anticoagulanti a dose terapeutica o dose di profilassi?

ORIGINAL INVESTIGATION

A Pilot Randomized Double-blind Comparison of a Low-Molecular-Weight Heparin, a Nonsteroidal Anti-inflammatory Agent, and Placebo in the Treatment of Superficial Vein Thrombosis

*The Superficial Thrombophlebitis Treated by Enoxaparin Study Group**



Kaplan-Meier estimate of the probability of deep and superficial venous thromboembolism according to treatment group.

Stenox Study

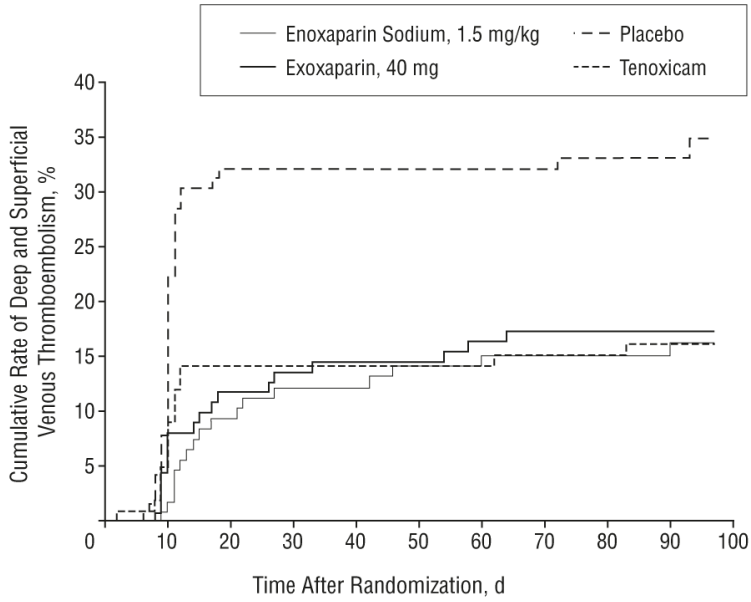
Conclusion: Treatment with a low-molecular-weight heparin or with an oral nonsteroidal anti-inflammatory agent should be evaluated further in the prevention of thromboembolic complications in patients with superficial vein thrombosis.

Arch Intern Med. 2003;163:1657-1663

Randomizzati a *placebo*, *eparina a dosi profilassi* o *intermedia* oppure *antinfiammatori*.

Durata terapia per **dieci giorni**.

Considerazioni:
l'anticoagulante fa qualcosa di più rispetto al placebo ed alla eparina a dosi profilattiche….
se trattiamo per poco tempo, la progressione a 90 giorni della TVP è identica in tutti i trattamenti eseguiti e si perde il vantaggio della eparina.



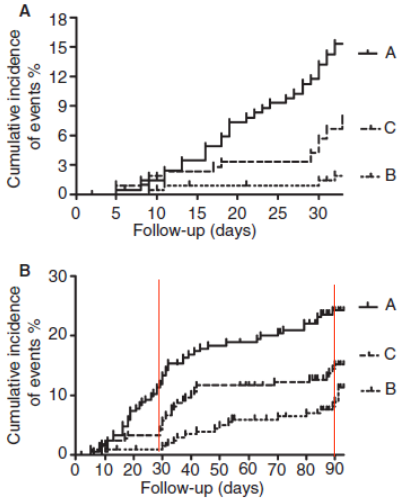
Journal of Thrombosis and Haemostasis, **10**: 1026–1035 DOI: 10.1111/j.1538-7836.2012.04727.x

ORIGINAL ARTICLE

A randomized double-blind study of low-molecular-weight heparin (parnaparin) for superficial vein thrombosis: STEFLUX (Superficial ThromboEmbolism and Fluxum)

B. COSMI,* M. FILIPPINI,* D. TONTI,† G. AVRUSCIO,‡ A. GHIRARDUZZI,§ E. BUCHERINI,¶ G. CAMPORESE,** D. IMBERTI,†† and G. PALARETI,* ON BEHALF OF THE STEFLUX INVESTIGA

A Parnaparin 8500 UI aXa o.d. for 10 days followed by placebo for 20 days (intermediate dose of LMWH for 10 days).
B Parnaparin 8500 UI aXa o.d. for 10 days followed by 6400 UI aXa once daily for 20 days (intermediate dose of LMWH for 30 days).
C Parnaparin 4250 UI aXa o.d. for 30 days (prophylactic dose of LMWH for 30 days).



Nello studio STEFLUX non si è ritenuto etico usare il placebo da solo visti i risultati dei precedenti studi come lo STENOX.

A 90 gg il beneficio pare perdersi…

Studio CALISTO 3000 paz
death from any cause or symptomatic pulmonary embolism, symptomatic deep-vein thrombosis, or symp- tomatic extension to the saphenofemoral junction or symptomatic recurrence of superficial-vein thrombosis / safety outcome was major bleeding

NNT 20. benefico si mantiene anche dopo la sospensione del trattamento.

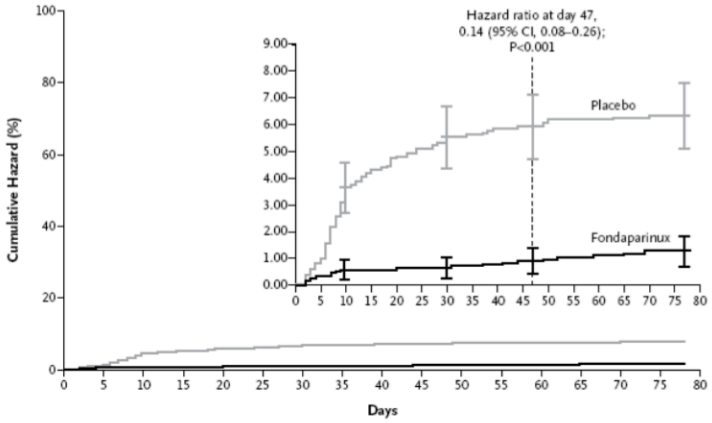
Paz.(meno gravi) 5,9% TVP e 1,3% PE bassa percentuale di eventi gruppo placebo, ma pazienti a basso rischio.

Buon profilo efficacia e sicurezza e pertanto è entrato nelle Linee guida.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Fondaparinux for the Treatment of Superficial-Vein Thrombosis in the Legs



No. at Risk	Day 10±2	Day 30±2	Day 45±2	Day 75±2
Placebo	1437	1399	1388	1330
Fondaparinux	1483	1477	1468	1410

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Chest. 2012 Feb; 141(2 Suppl): e419S–e494S.
Published online 2012 Jan 23. doi: 10.1378/chest.11-2301

Antithrombotic Therapy for VTE Disease

8.1.1. In patients with SVT of the lower limb of at least 5 cm in length, we suggest the use of a prophylactic dose of fondaparinux or LMWH for 45 days over no anticoagulation (Grade 2B).

Remarks: Patients who place a high value on avoiding the inconvenience or cost of anticoagulation and a low value on avoiding infrequent symptomatic VTE are likely to decline anticoagulation.

8.1.2. In patients with SVT who are treated with anticoagulation, we suggest fondaparinux 2.5 mg daily over a prophylactic dose of LMWH (Grade 2C).

Confronto profilassi Fondaparinux o Rivaroxaban per 45 gg

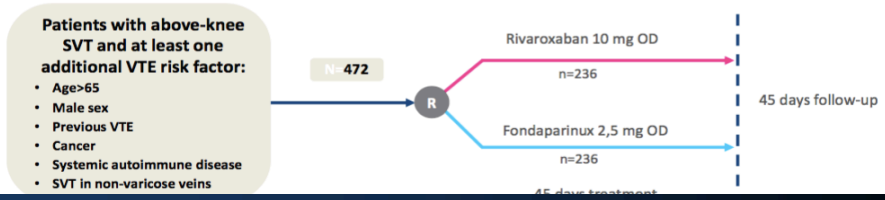
Outcome di efficacia e sicurezza ..si paga qualcosa con anticoagulanti orali

Sembra il Fondparinux in questo studio **effetto rebound** (non vista nel Calisto) passando al 1.8 del Calisto a 6.7% Surprise

Lancet Haematol 2017

SURPRISE Trial
Study Design

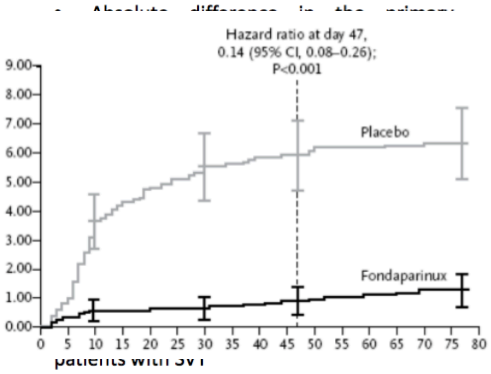
Objective: to evaluate the efficacy and safety of 10 mg rivaroxaban OD compared to fondaparinux 2.5 mg OD for SVT treatment in a subset of **high-risk SVT** patients over a treatment period of 45 days.

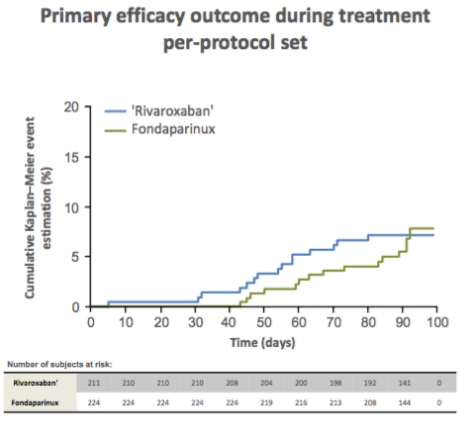


At least one:
- older than 65 years,
- male sex,
- previous superficial-vein thrombosis or deep-vein thrombosis pulmonary embolism
- active cancer or history of cancer,
- Autoimmune disease,
- involvement of non-varicose veins

Incidenza nell'outcome di sicurezza Rivaroxaban un pò più alta.

SURPRISE Trial
Results





Beyer Westendorf J, et al. *Lancet Haematol* 2017;doi: 10.1016/S2352-3026(17)30014-5. [Epub ahead of print]

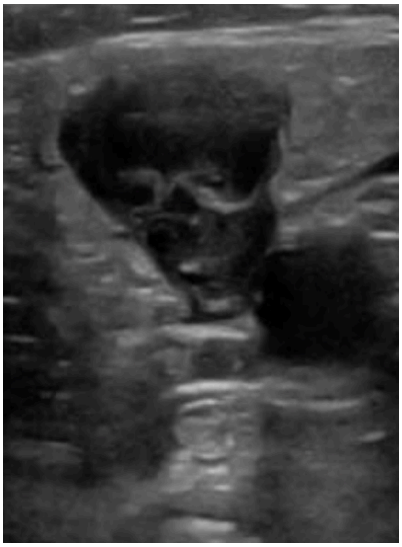
Mesoglicano vs placebo nella profilassi secondaria di recidiva

(studio METRO ???) ongoing…

Soludexide

Studio SURVET ?????

TVS di crosse ??? (area grigia)



Non studiata negli studi della TVS, ne della TVP.

Come procedere con la terapia? Quale durata?

Se al controllo dopo dieci giorni è > 3 cm perché non proseguire con un tempo contenuto (meno di tre mesi)?

Rischio più alto rispetto alla TVS non di crosse. Comunque non superiore ala TVP.

Legatura chirurgica?

Journal of Thrombosis and Haemostasis, **3**: 1149–1151

COMMENTARY

Superficial thrombophlebitis of the legs: still a lot to learn

H. DECOUSUS* and A. LEIZOROVICZ†
**Thrombosis Reseach Group, EA 3065, CIC-EC (INSERM/DHOS), Hôpital Bellevue, Saint-Etienne Cedex, France; and †Service de Pharmacologie Clinique, EA 643, Faculté R.T.H. Laennec, Rue Guillaume Paradin, Lyon Cedex, France*

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See also The Vesalio Investigators Group. High vs. low doses of low-molecular-weight heparin for the treatment of superficial vein thrombosis of the legs: a double-blind, randomized trial. This issue, pp 1152–7.

Augusto Murri
Clinician of the University of Bologna
Fermo, 8 settembre 1841 – Bologna, 11 novembre 1932

Non c'è un malato che sia uguale all'altro
No one patient is equal to another patient