

LONG-TERM MORBIDITY AFTER DEEP VEIN THROMBOSIS (DVT)

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5 yr follow-up of 341 patients with special consideration of post-thrombotic syndrome (PTS) and methodological difficulties.

INTRODUCTION

Methodological difficulties responsible for lacking unité de doctrine: (a) Acute phase: random allocation taking into account DVT of different extent; assessment of effect of treatment (b) Follow-up: drop out definition of parameters of success esp. PTS, comparison of truly comparable groups, limited information about economic aspects.

5 yr FOLLOW-UP PTS-INCIDENCE after ANTICOAGULATION (AC) or THROMBOLYSIS (TL)

Method: 341 non-randomized, consecutive patients; unilateral DVT documented by initial and control-phlebogram (<14 d), treated by AC or thrombolytic agents. 226 men, 115 women, 51.9 ± 16 yr at entry. DVT: left 193, right 148; limited 35 %, extended 65 %. Treatment effect by analysis "vein per vein". Re-examination: "blind technique" by 2 observers; definition of PTS considering corona phlebectatica, cyanosis, edema, circumference difference, trophic changes; Score > 10 = PTS

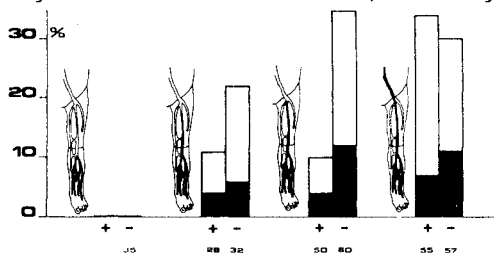
Results:

1. Group with unchanged initial and control phlebogram

Correlation between DVT-extent at entry and PTS-incidence (table). Consequently comparison of AC and TL must be made between subgroups with similar DVT-extent at entry.

2. Subgroups with clearance (+) vs. non-clearance (-):

Figure: white PTS without ulcers, black leg ulcer



Location	n	PTS (Ulcer)
Leg + special	47	2 (0) %
L + popliteal	32	16 (6)
L + po. + femoral	60	23 (12)
L+po.+fem.+pelvic	57	19 (11)

SUMMARY PTS-INCIDENCE:

- Low after DVT limited to lower leg
- Cleared vs. non-cleared subgroup
 - . in 2, 3-level-DVT (+) 10,3% vs (-) 30,4%, p 0,004
 - . in 4-level-DVT 34,5% vs 29,8%, n.s.