

Poster
part
3-003**0661 EFFECTIVENESS OF COUMADIN FOR SECONDARY PROPHYLAXIS IN PATIENTS WITH ESTABLISHED VENOUS THROMBOSIS (DVT)**

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The evidence to support the use of oral anticoagulants to prevent recurrent venous thrombosis is not conclusive because it is based on one single non-randomized study. We have performed a study in 68 patients with acute DVT confirmed by venography. All patients were treated with full doses of heparin for 14 days and then randomized into either adjusted dose coumadin therapy (prothrombin time $1\frac{1}{2}$ -twice control) or fixed dose subcutaneous heparin, 5,000 units 12 hrly for 12 weeks. The patients were followed in a special clinic and routinely screened with leg scanning and impedance plethysmography at 3 weekly intervals and were seen on an emergency basis if they developed recurrent symptoms. Eight of 35 patients on subcutaneous heparin (23%) developed a new episode of DVT confirmed by venography and one patient developed recurrent pulmonary embolism confirmed by ventilation perfusion lung scan. There were no detectable episodes of venous thrombosis or pulmonary embolism in the 33 patients treated with coumadin ($p < 0.001$). Seven of 33 patients treated with coumadin developed bleeding complications, 4 of which were major, compared with no patients receiving subcutaneous heparin ($p < 0.002$). Thus, adjusted dose coumadin therapy is more effective than fixed low dose subcutaneous heparin in preventing recurrent venous thromboembolism but at a significant risk of bleeding in this patient group.

3-004

0662 BIOLOGICAL FINDINGS DURING SEQUENTIAL THROMBOLYTIC TREATMENTS WITH DEFIBRASE, LYSYL-PLASMINOGEN AND UROKINASE.

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Biological changes induced by a snake venom (Defibrase - DEF) infused prior to a thrombolytic treatment are studied in a series of 35 pulmonary embolism (P.E) and/or deep vein thrombosis (D.V.T). Group I (n : 13) includes old PE and/or D.V.T (14 - 6 days old) in which DEF infusion is performed prior to thrombolytic treatment ; Group II (n : 22) includes recent P.E and/or D.V.T. A first treatment with Lysyl-Plasminogen (Lys-Plg) and Urokinase (UK) with poor or insufficient results is followed by DEF infusions just before a second thrombolytic treatment. The results of these treatments controlled angiographically (before and 24 hours after the end of the last UK infusion) have shown that a better revascularisation could be obtained even in old PE, when Defibrase is given prior to thrombolytic treatment. During the DEF infusions, we observed a decrease of fibrinogen in less than 36 hours (to a mean level of 0,20 to 0,30 g/l). The % of circulating plasminogen consumption is 48,22 % - 22, and a rapid drop of the fast-reacting antiplasmin level (F.R. antipl) occurs (from 77,5 % - 30 to 12,9 % - 7,6). During the thrombolytic treatment following DEF, we observed an enhancement of fibrinolytic activity. From these data we may conclude that DEF is able to determine plasmin-antiplasmin complexes and a large drop of the fast antiplasmin level, in the blood

3-005

0663 PROPHYLAXIS AGAINST POSTOPERATIVE THROMBOEMBOLIC COMPLICATIONS. A COMPARISON BETWEEN DEXTRAN 70, DIHYDROERGOTAMIN HEPARIN AND A SULPHATED POLYSACCHARID.D. Bergqvist, T. Hallbäck, and B. Lindblad², Department of Surgery, Kärnsjukhuset, Skövde, Sweden.

Dextran 70, a fixed combination of dihydroergotamine and low dose heparin (DHEH) and a sulphated polysaccharid (PZ68B) have been compared for prevention of postoperative thromboembolism. The trial has been prospective with separate randomization of patients undergoing elective general surgery, elective hip surgery and hip fracture surgery. Deep vein thrombosis has been diagnosed with the 125 I-fibrinogen test. In patients undergoing elective hip surgery pulmonary x-ray and perfusion scintigraphy have been made preoperatively and on postoperative day 7. The patients have been followed for 30 days to detect late fatal pulmonary emboli. 253 patients have been studied (34 exclusions), the main results being as follows:

	No. of thrombi/No. of patients		(No. of emboli/No. of patients)	
	Dextran 70	DHEH	PZ68B	
General surgery	-	2/40	0/35	
Elective hip surgery	10/31 (4/25)	3/32 (3/25)	2/27 (3/27)	
Hip fracture surgery	5/17	4/17	5/20	

In conclusion there is a good and equal prophylactic effect against postoperative thrombosis of DHEH and PZ68B in elective surgery, and the two methods are as effective as dextran 70 in hip fracture patients.