

Ascending femoropopliteal DVT without iliac vein involvement: any role for endovascular therapy?

HARTUNG Olivier, MD, MSc

Dpt of Vascular Surgery, North University Hospital,
Marseille, FRANCE

Disclosure

Speaker name: HARTUNG Olivier

I have the following potential conflicts of interest to report:

Consulting : Boston Scientific

Clot removal strategies



□ Early thrombus removal for acute DVT

- Surgical thrombectomy
- Endovascular procedures
 - ✓ CDT
 - ✓ PCDT



□ Goal :

- Avoid thrombus extension, recurrence and PTS
- Without embolization, leaving obstructive lesions and valves lesions



Efficient for acute FI DVT

□ RCT

➤ Plate *EJVES 1997*

Venous thrombectomy improves venous patency and possibly reduces venous reflux and post-thrombotic sequelae as compared to anticoagulation treatment.

➤ CAVENT *Lancet 2012*

In conclusion, additional CDT improved the clinically relevant long-term outcome after iliofemoral DVT by reducing PTS compared with conventional treatment with anticoagulation and elastic compression stockings alone.

➤ ATTRACT *Circulation 2018*

Conclusions: In patients with acute iliofemoral DVT, PCDT did not influence the occurrence of PTS or recurrent VTE. However, PCDT significantly reduced early leg symptoms and, over 24 months, reduced PTS severity scores, reduced the proportion of patients who developed moderate-or-severe PTS, and resulted in greater improvement in venous disease-specific QOL.



=> Recommendations



Femoro-popliteal DVT

- ❑ Medical treatment => low rate of moderate to severe PTS
- ❑ Mostly ascending
 - Leg veins involved => bad or no inflow
 - Needs CDT first

Results in femoro-popliteal DVT

- No recommendations
- CAVENT : no separation between IF and FP
- No specific study on FP DVT

Results in femoro-popliteal DVT

□ ATTRACT

- 301 p for FP DVT
 - ✓ 140 PCDT / 160 medical
- Technique
 - ✓ Infusion first : 65%
 - ✓ Angiojet : 21%
 - ✓ Trellis : 9%
 - ✓ Stenting : 9%

Results in femoro-popliteal DVT

□ ATTRACT

➤ PTS

✓ C6 : 2,1% / 3,1%

✓ Villalta > 5 : 41% / 41%

✓ PTS at 24 months : 22% / 21%

✓ PTS moderate to severe : 17% / 18%

➤ VTE : 11% / 7%

➤ Bleeding < 10 days :

✓ Major 2% / 0

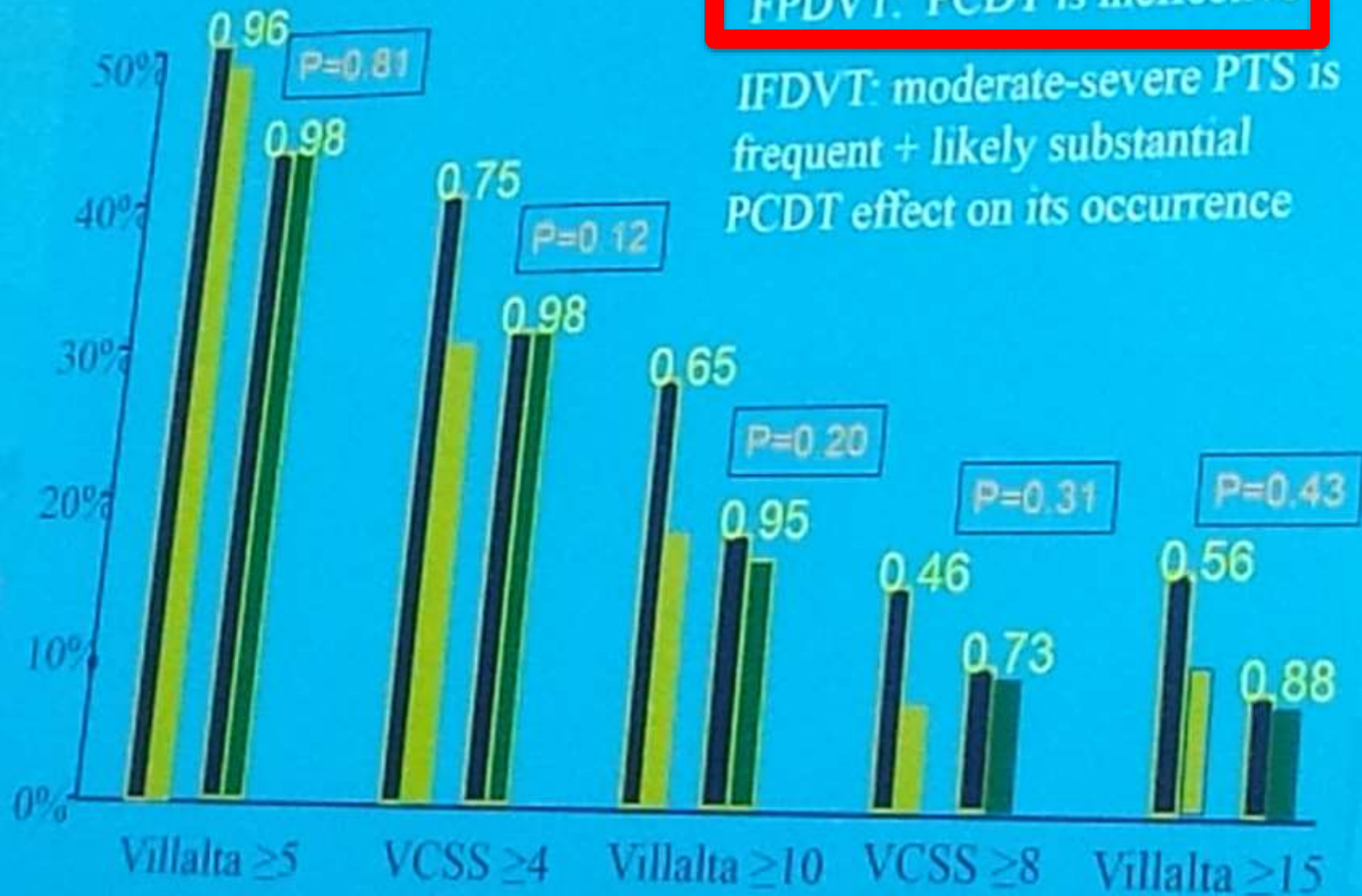
✓ All : 6% / 1%

Iliofemoral versus Femoropopliteal

Courtesy C. Kearon

FPDVT: PCDT is ineffective

IFDVT: moderate-severe PTS is frequent + likely substantial PCDT effect on its occurrence



Conclusion

**No indications for clot removal strategies
in acute femoropopliteal DVT**

Ascending femoropopliteal DVT without iliac vein involvement: any role for endovascular therapy?

HARTUNG Olivier, MD, MSc

Dpt of Vascular Surgery, North University Hospital,
Marseille, FRANCE