Aspiration thrombectomy for acute deep vein thrombosis of the left lower limb extremity of a child after cardiac radiofrequency ablation

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
L.L., MALE 14 Y.O.

11.2017: cardiac catheter-direct RF ablation for Wolff-Parkinson-White Syndrome

09.02.2018: left lower limb edema and pain
   Flue not responsive to paracetamol

   **DUS:** left popliteal, femoral and iliac thrombosis + GSV thrombosis

   **THERAPY:** Enoxaparin 6000 UI 1 fl x2/die +
   oral anticoagulant/new anticoagulant

23.02.2018: worsening of left limb edema and pain

   **DUS:** persistence of the DVT
Because CDT directly bathes the thrombus with lytic agent, it requires relatively low doses of tPA (about 0.01 mg/kg/h), usually ranging between 0.5 and 1 mg/h (12). Conversely, systemically delivered tPA (in the setting of acute ischemic stroke) usually involves a single dose of 50–100 mg (0.9 mg/kg) infused over an hour.

0.01 mg/Kg = 0.01 x 60 = 0.6 mg
Duplex scan @1 month
24.05.2018: caval filter removal
6-months DUS
6-months DUS
TAKE-HOME MESSAGE

In selective cases, aspiration thrombectomy with Penumbra Indigo catheter, in association with best medical therapy, can represent a reliable treatment choice in case of DVT not responsive to anticoagulant therapy to avoid late complications (post-thrombotic syndrome).