



Catheter Directed Thrombolysis as a Primary Choice in The Management of Acute

Iliofemoral Deep Venous Thrombosis



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Introduction:

Deep vein thrombosis (DVT) is a significant cause of morbidity and mortality. Studies have shown that iliofemoral thrombosis is associated with a higher incidence of recurrent DVT and post-thrombotic syndrome. Venous claudication is almost exclusively present in patients with iliofemoral DVT. "So far, conventional treatment has been limited to anticoagulation and compression therapy alone. However, emerging data suggests that catheter directed thrombolysis (CDT), in combination with appropriate anticoagulation, improves outcome with regard to recurrent DVT, venous obstruction, valve competence, and quality of life.

Methods:

30 patients with acute iliofemoral deep venous thrombosis without contraindications for thrombolysis managed at Ain Shams University Hospitals and Cairo University Hospitals from April 2013 till April 2016, were included in the study. Patients underwent catheter directed thrombolysis of thrombosed lower limb veins with or without stenting and the primary patency of this procedure was assessed keeping in mind early and late interventions.

Results:

The anatomic success rate was 100 % (n=30), 1ry stenting was done in 16.6 % (n=5) of cases. The patency rate in 6 months was 100 %, and in 1 year was 100 %. 3.3 % One case of the stented iliac vein needed re-intervention after 18 months. Follow up ranged from 12 to 24 months (mean = 18). Males were 43.3 % (n=13) females 56.7 (n=17). Left lower limb 60% (n=18) right lower limb 36.6% (n=11) bilateral lower limb 3.3 % (n=1). 33 % (n=10) patients had hematoma at the site of entry all were treated conservatively. There were no major systemic bleeding, symptomatic PE or deaths in our study group.

Conclusion: Catheter directed thrombolysis is effective and safe and can be implemented as a primary choice in the management of iliofemoral deep venous thrombosis in carefully selected patients.