

ABSTRACT

Objectives: To evaluate the safety and effectiveness of superior vena-cava filter for prevention of pulmonary embolism due to acute upper extremity deep venous thrombosis in patients contra-indicated anti-coagulation.

Material: SVC Filters were used in 4 patients

Methods: Forty one patients with acute upper extremity DVT and anti-coagulation therapy from January 1st 2014 to June 30th 2015. 4 patients underwent insertion of superior vena-cava filter for prevention P.E as were contra-indicated anti-coagulation. Follow-up chest radiographs were used to detect filter migration, dislodgment and fracture. Pulmonary pressure after filter insertion was recorded. Patients were followed-up clinically for evidence of superior vena-cava syndrome and P.E.

Results: No complications such as filter migration, dislodgment and fracture occurred (median follow-up 12 weeks). No patients developed clinical evidence of P.E or superior vena-cava syndrome (median follow-up 15 weeks).

Conclusion: Percutaneous filter placement in superior vena-cava is a safe and effective method in prevention of symptomatic P.E due to acute upper extremity DVT.

BACKGROUND

An upper extremity DVT has about 5–10% chance of becoming a Pulmonary Embolism and Catheter related thrombi result in PE more frequently than primary one

Several reports of fatal PE due to upper extremity DVT have been documented

PURPOSE

Evaluation the safety and effectiveness of superior vena-cava filter for prevention of PE.due to acute upper extremity deep venous thrombosis in patients contra-indicated anti-coagulation

METHODS

41 patients with acute upper extremity DVT and anti-coagulation therapy from January 1st 2014 to June 30th 2015.

4 patients underwent percutaneous placement of superior vena-cava filter for prevention against P.E as were contra indicated for anti-coagulation.

Follow-up chest radiographs were used to detect filter migration, dislodgment and fracture. Pulmonary pressure after filter insertion was recorded

Patients were followed-up clinically for evidence of superior vena-cava syndrome and P.E

RESULTS

Age : 52.4+1.02 years

M/F : 25/16

37 patients 90% were treated with full anticoagulation therapy for 6 month.

Anticoagulation therapy were contraindicated or failed to control VTE in 4 patients 10%

Left upper limb is affected in 29 patients 72%

Right upper limb in 7 patients 17%

Both upper limbs in 5 patients 12%

RESULTS

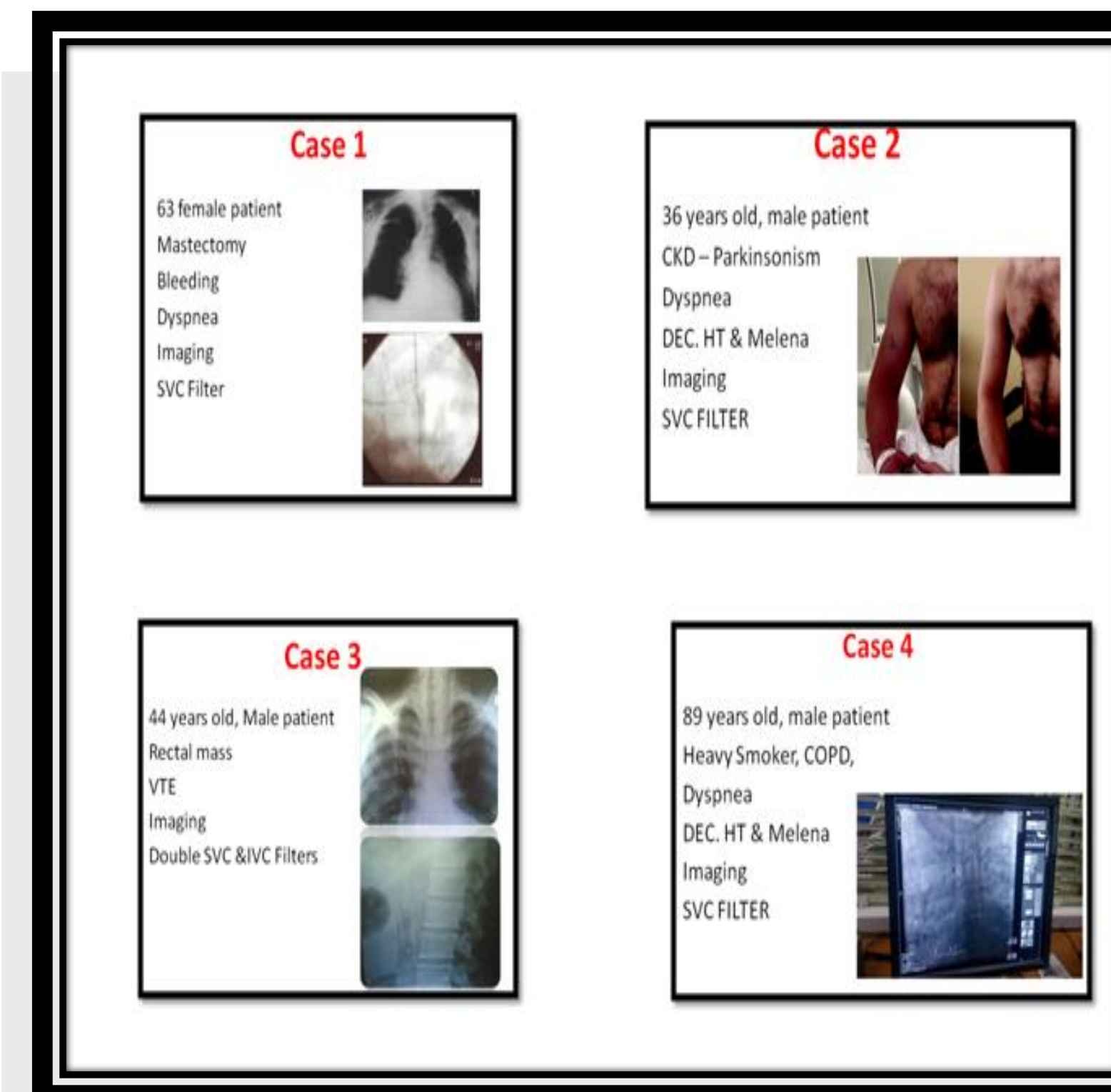
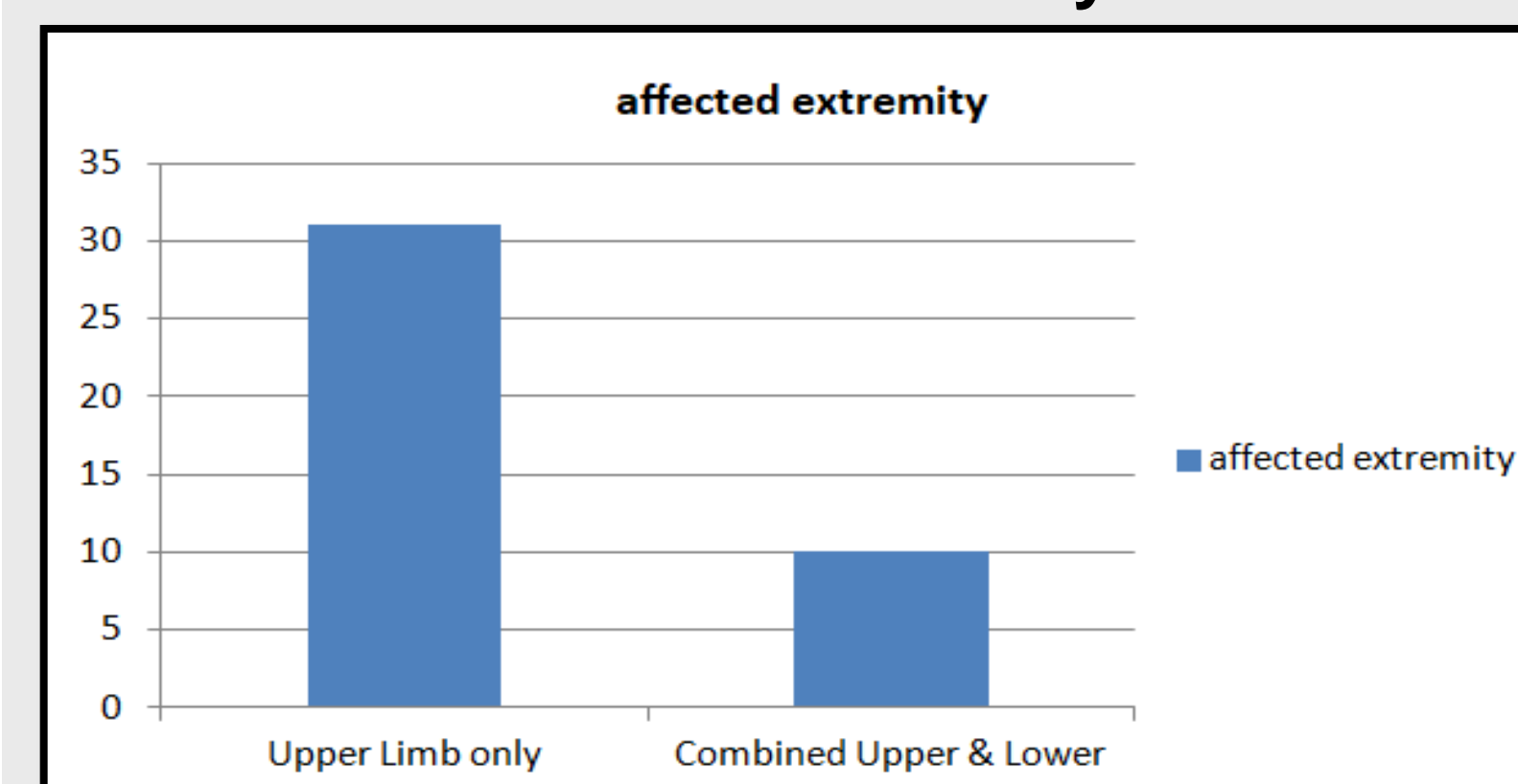


Table : The affected extremity



RESULTS

Complications

No complications such as filter migration, dislodgment and fracture occurred (median follow-up 12 weeks). No patients developed clinical evidence of P.E or superior vena-cava syndrome (median follow-up 15 weeks).

CONCLUSION

SVC filter for prevention of PE due to UL DVT is safe and effective alternative to anticoagulation when the later is not feasible. More data is needed for their long-term morbidity and mortality outcomes

DISCLOSURES

I do not have any point of conflict