ABSTRACT

Objective: 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.

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.

RESULTS

Table : The affected extremity

<table>
<thead>
<tr>
<th>age / gender</th>
<th>upper limb only</th>
<th>combined upper &amp; lower</th>
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<tbody>
<tr>
<td>Age : 52.4±1.02 years</td>
<td>25/16</td>
<td>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%</td>
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</table>

CONCLUSION

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).