

Treating Venous Thromboembolism

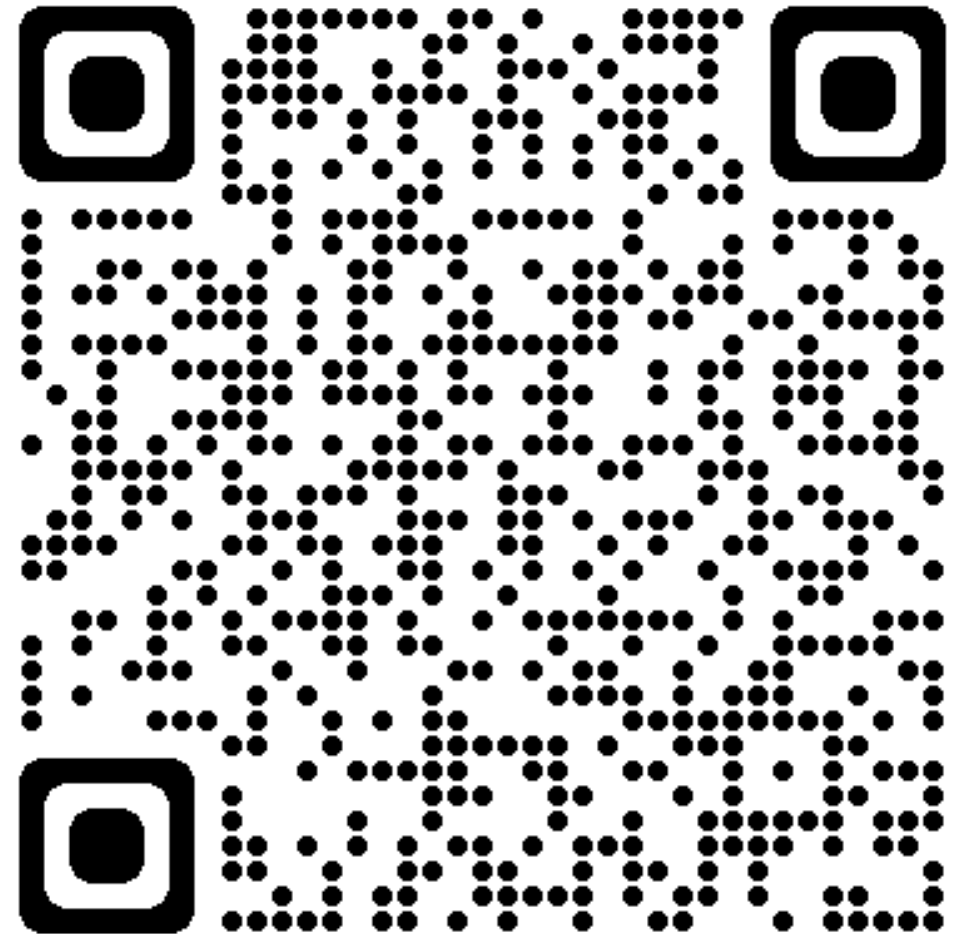
Overview of CHEST Guidelines 2021

Sing Palat MD CMD. CMDA Meeting Oct 4, 2022

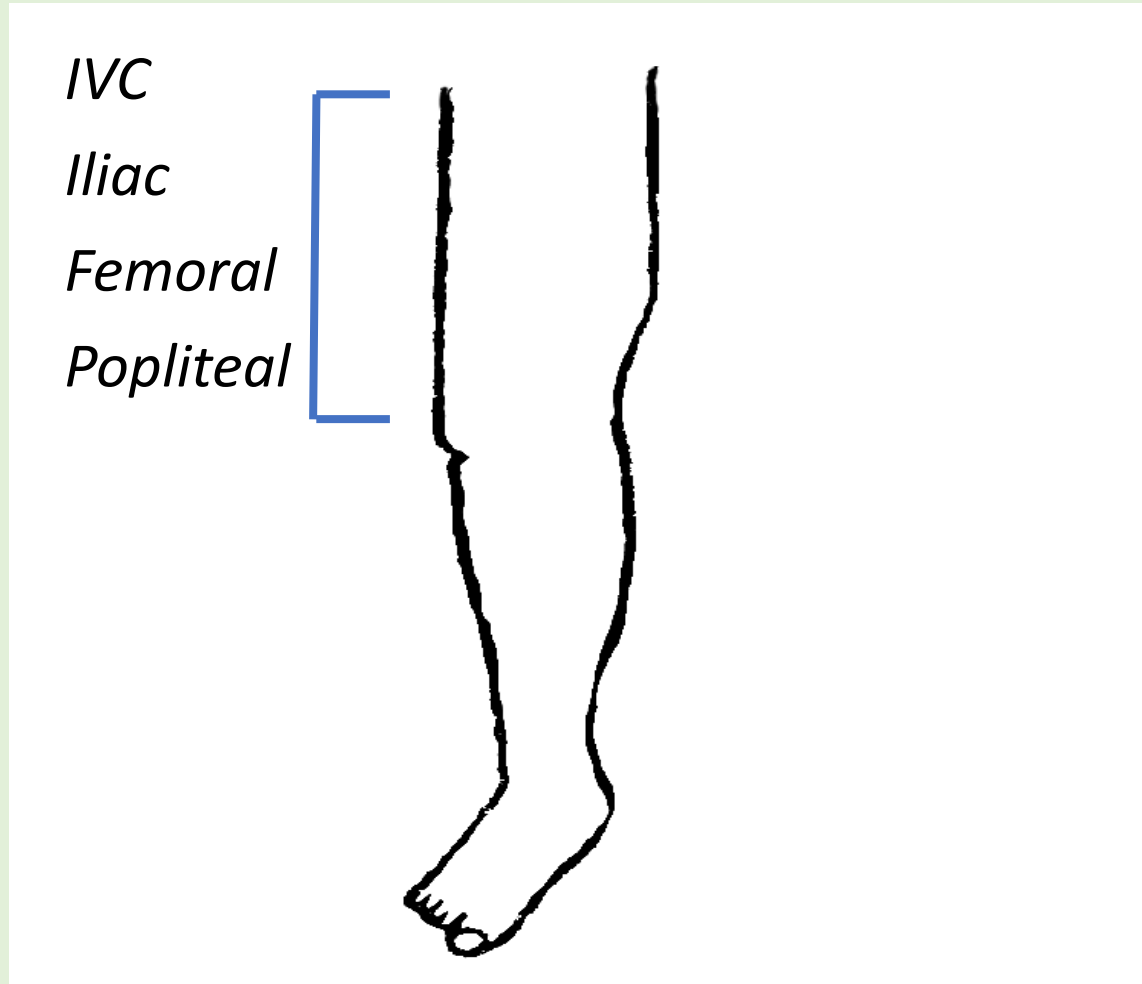
*Antithrombotic Therapy for
VTE Disease: Second Update
of the CHEST Guideline and
Expert Panel Report*

CHEST 2021;160(6):e545-e608.

<https://doi.org/10.1016/j.chest.2021.07.055>



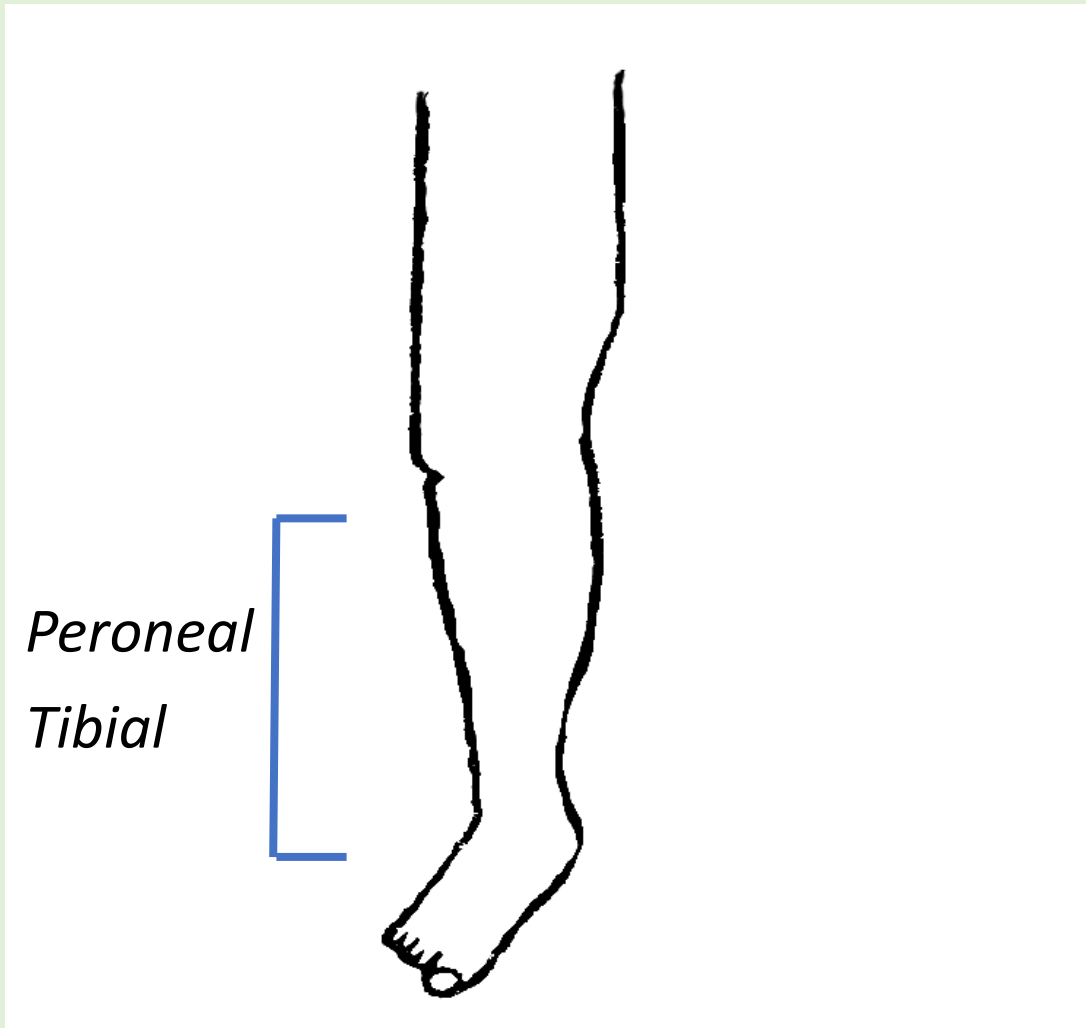
Proximal Leg Deep Vein Thrombosis (DVT)



Anticoagulation for 3 months

Extended-phase therapy if risk factors present

Distal Leg DVT



Consider serial ultrasound weekly for 2 weeks

Anticoagulation for 3 months if severe symptoms or thrombus extends on serial imaging

Extended-phase therapy if risk factors present

Superficial Vein Thrombosis (SVT) in Leg

- Consider anticoagulation for 45 days
- Factors that favor the use of anticoagulant therapy
 - Extensive
 - Above knee, especially greater saphenous vein
 - Severe symptoms
 - History of VTE or SVT
 - Active cancer or recent surgery

Pulmonary embolism

- Subsegmental without leg DVT: no anticoag
- Low risk on PESI (30-day mortality < 1.1%)
 - May treat outside of hospital
 - Anticoagulation x 3 months
 - Extended-phase therapy if risk factors present
- Intermediate or high risk
 - Initially treated in hospital

<https://www.mdcalc.com/calc/1247/simplified-pesi-pulmonary-embolism-severity-index>

Simplified PESI (Pulmonary Embolism Severity Index) ☆

Predicts 30-day outcome of patients with PE, with fewer criteria than the original PESI.

	When to Use ▾	Pearls/Pitfalls ▾	Why Use ▾
Age, years	≤80 0	>80 +1	
History of cancer	No 0	Yes +1	
History of chronic cardiopulmonary disease	No 0	Yes +1	
Heart rate, bpm	<110 0	≥110 +1	
Systolic BP, mmHg	≥100 0	<100 +1	
O ₂ saturation	≥90% 0	<90% +1	

Extended-phase Therapy

Offered

- VTE with persistent provoking factor or unprovoked
- No predefined stop date
- Evaluate risk, benefit, values and preferences of patient *annually*
- Risk & benefit of anticoagulation beyond 2 to 4 years is uncertain

Not offered

- VTE with transient provoking factor. *Examples*
 - Surgery
 - Acute illness hospitalization
 - Estrogen therapy
 - Pregnancy
 - Leg injury
 - Long flight > 8hr

Type Anticoagulation for VTE (out of hospital)

DVT/ PE	apixaban, dabigatran, edoxaban or rivaroxaban (DOAC)
SVT	fondaparinux or rivaroxaban
Malignancy	apixaban, edoxaban or rivaroxaban* (*except intraluminal GI)
Antiphospholipid syndrome	vit K antagonist (INR 2.5)
Extended-phase therapy	reduced dose DOAC

I recommend this
podcast

<https://resident360-curbside-consults.nejm.org/e/management-of-venous-thromboembolic-disease-with-dr-lisa-moores/>. Accessed 9/26/22.

