

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Vascular Diseases Quiz – Case 60

A 73-year-old male patient was admitted to our department due to left-sided leg edema and pain seven days post SARS-COVID-19 mRNA vaccination. The patient had a history of hypertension and smoking. On physical examination, peripheral pulses were palpable, while the left lower extremity was edematous and warm. The patient underwent duplex ultrasound scanning to investigate the risk of venous thromboembolism, revealing an incompressible left femoral vein and echogenic content (thrombus) in the lumen (fig 1). The thrombus extended to the lumen of common femoral vein and appeared to be floating in the femoral vein part.

What is the optimal treatment?

What is the duration of anticoagulant therapy for provoked deep vein thrombosis?



Figure 1. Floating thrombus (white arrow) in the femoral vein.

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Comment

Venous thromboembolism (VTE) is associated with substantial morbidity and mortality. The risk for pulmonary embolization (PE) is higher among patients with floating thrombus in the femoral vein; however there are no specific treatment guidelines for VTE with floating thrombus. Anticoagulant treatment appears to be the gold standard treatment for deep vein thrombosis with floating thrombus; however alternate treatments have also been proposed: Open thrombectomies, thrombectomies by endovascular devices, insertion of inferior vena cava filter or combination of above. Nonetheless, the criteria for the indication of each treatment are not always well defined. The VTE episodes that do not have an identifiable provoking factor are classified as unprovoked VTE. The remaining episodes (provoked VTE) are caused by transient or persistent factors that additively or multiplicatively increase the risk of VTE by inducing hypercoagulability, stasis, or vascular wall damage or dysfunction. According to latest recommendations, the "active treatment" of VTE is 3 months, with further treatment serving to prevent new episodes of thrombosis. The decision to stop anticoagulants at 3 months or to treat indefinitely is dominated by the long-term risk of recurrence. VTE provoked by a reversible risk factor has a low risk of recurrence and is usually treated for 3 months. Provoked VTE or a second unprovoked VTE, has a high risk of recurrence and is usually treated indefinitely.

References

1. MARCHETTI AA, DAVILA BO, ODDI FM, IPPOLITI A. Pulmonary embolism: Successful treatment of floating thrombus in SFJ after vena cava filter insertion and surgical thrombectomy. *JRSM Cardiovasc Dis* 2020, 9:2048004020976256
2. NORRIS CS, GREENFIELD LJ, HERRMANN JB. Free-floating iliofemoral thrombus. A risk of pulmonary embolism. *Arch Surg* 1985, 120:806–808

3. KEARON C, AKLEA, ORNELAS J, BLAIVAS A, JIMENEZ D, BOUNAMEAUX H ET AL. Antithrombotic therapy for VTE disease: CHEST guideline and expert panel report. *Chest* 2016, 149:315–352
4. KEARON C, AKL EA. Duration of anticoagulant therapy for deep vein thrombosis and pulmonary embolism. *Blood* 2014, 123:1794–1801

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