

TREATMENT OF ACUTE VARICOTHROMBOPHLEBITIS: A PROSPECTIVE OBSERVATIONAL CONTROLLED STUDY

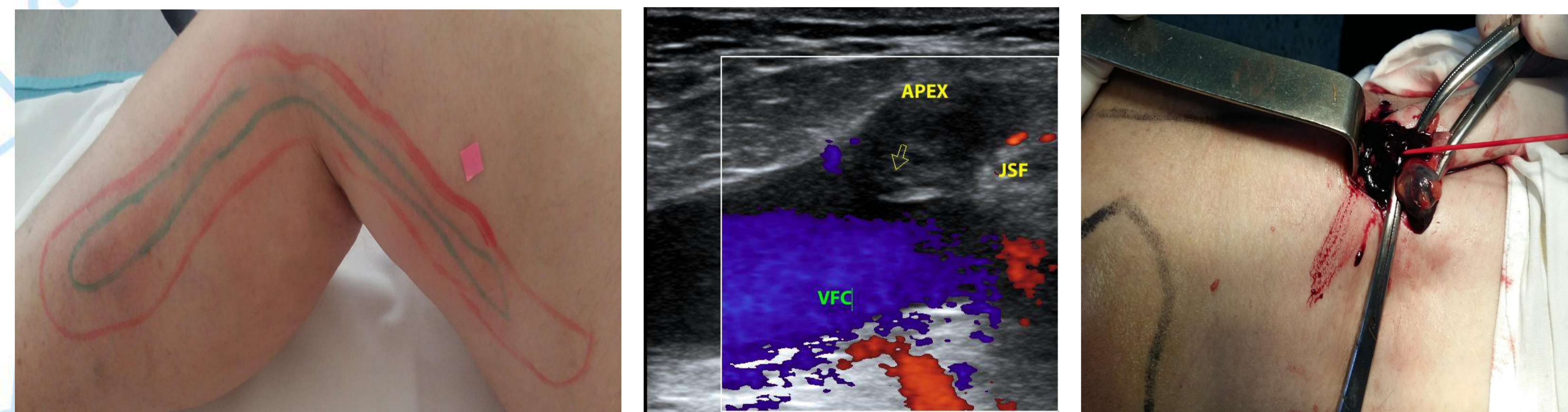
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Introduction

Acute varicothrombophlebitis (VTP) of the lower extremities is a common medical-surgical emergency. Curative approach in VTP is not standardized and oscillates from urgent surgery to outpatient treatment and follow-up.

Purpose

The study aim was the comparative analysis of early outcomes after conservative and urgent surgical treatment for acute VTP of the lower limbs.



Material and methods The study included 125 consecutive patients hospitalized with acute VTP and treated by emergency surgery (ES) or anticoagulant medication (AM). Selection of the curative method was not influenced by study protocol. The evolution of thrombosis (duplex ultrasound), rate and structure of complications and patient's quality of life (ABC-V questionnaire) were analysed at one month after enrolment.

Conclusions

The results of study confirm the eligibility of the conservative approach in the treatment of acute VTP with the achievement of early outcomes at least non-inferior to emergency surgery, despite the variability of doses and the suboptimal duration of anticoagulant treatment.

Results

AM was used in 72 (57.6%) patients, and ES – in 53 (42.4%). AM was performed with: fractionated heparins (n=10), rivaroxaban (n=20) or both drugs consecutively (n=42). Mean duration of AM – 16.5 days (25%-75% IQR 4-31). ES was performed by conventional approach (n=45) or endovenous laser ablation (n=8). Distal deep vein thrombosis occurred in 6 (11.3%) cases after ES vs 1 (1.4%) – after AM (p<0.05). There were 9 (16.9%) wound complications in ES group and 2 (2.7%) cases of thrombus extension within the superficial venous system in AM group. Patients treated with AM reported higher quality of life than those after ES: 8.5±2 vs 13.5±4.3 points according to ABC-V (P=0.048).

Keywords

varicothrombophlebitis, anticoagulant medication, emergency surgery