Superficial Vein Thrombosis (SVT) – treatment of SVT <3 cm from the deep vein with therapeutic DOAC –too close to call?

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INTRODUCTION
SVT has been considered a common self-limiting condition, often managed conservatively with antibiotics, anti-inflammatory medication and topical treatments. However, there is an approximate 10% risk of extension into the deep veins (Decousus et al 2010) and BSH guidelines (Tait et al 2012) suggest treatment for SVT found < 3 cm of the sapheno-femoral junction (SFJ) or sapheno-popliteal junction (SPJ) in the same way as DVT.

SVT of the long and short saphenous veins < 3 cm of the SFJ/SPJ have not been included in interventional studies and little evidence exists in regards to treatment options of SVT <3cm of the SFJ/SPJ not extending in to the deep vein

METHOD
- Retrospective review of outpatient management of adults with SVT in the DVT clinic at University Hospital of Wales over a 3 year period (July 2015 – Aug 2018)
- SVT confirmed by Doppler compression ultrasound performed by senior medical physicists experienced in the diagnosis of vascular disease

Outcomes measured: 1) SVT < 3cm from the SFJ/SPJ 2) Presence of concurrent DVT 3) treatment choice 4) Recurrence of SVT

RESULTS
Over the 3 year time period a total of 10394 Doppler lower limb ultrasound scan were performed, with 1066 (10%) confirmed DVT and 487 (5%) SVT. There were 55 / 487 (11%) concurrent ipsilateral DVT identified in our SVT group, leaving 432 isolated SVT scans. There were 98 / 432 scans (23%) with SVT <3cm from the SFJ or SPJ. 70 / 98 (71%) of those were treated with DOACs. 19/70 (27%) SVTs treated with a DOAC were identified following repeat imaging of patients with SVT > 3cm and 5 (7%) were recurrence. Forty-one (58%) patients had > 1 risk factor for venous thrombosis, 25 (35%) had varicosity and 18 (25%) previous VTE. Ten (30%) patients had 1 known VTE risk factors, and 9 (12%) none. Forty-seven patients were treated with apixaban and 23 rivaroxaban, with 56 (80%) patients treated for 3 months. Five (7%) patients had a recurrence of SVT, 3 within 12 months and 2 within 24 months of stopping anticoagulation. Fourteen (20%) patients received indefinite anticoagulation (11 had previous history of VTE, 2 had a family history of VTE and 1 had BMI >30).

CONCLUSIONS
This retrospective review examined the outcomes of SVT <3 cm from the deep veins managed with therapeutic DOAC in a large teaching hospital. It reveals that 80% (56) of patients were treated for a 3 month period and then treatment stopped. Recurrence of VTE within 24 months in patients who had stopped anticoagulation was 7% (5 patients).

REFERENCES
Decousus, H et al 2010, Superficial venous thrombosis and venous thromboembolism: a large, prospective epidemiologic study. Annals of Internal Medicine, 152, 218-224

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