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Ultrasound-Assisted Thrombolysis Improves Outcomes in Chronic DVT

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Authors and Disclosures

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November 23, 2009 (New York, New York) — Aggressive intervention in chronic deep vein thrombosis (DVT) using ultrasound-assisted thrombolysis shows superior outcomes compared with non-ultrasound-assisted thrombolysis, according to registry data presented here at the 36th Annual VEITH Symposium.

"No one else has reported on treating chronic DVT — the hard, old clot — with ultrasound-assisted thrombolysis. Many physicians don't treat these patients. These early results suggest that [ultrasound]-assisted thrombolysis can improve overall outcomes and reduce the incidence of postthrombotic syndrome," said Mark J. Garcia, MD, program director of Vascular and Interventional Radiology Fellowship and section chief at Christiana Care Health Services, Newark, Delaware.

Each year, about 600,000 patients will develop DVT, and about 100,000 will die. Approximately 30% of DVT patients will have recurrent DVT within 10 years, with the greatest risk occurring in the first 2 years. Many of these patients are unable to work or be productive members of society. Current treatment options include anticoagulation and compression stockings plus extremity elevation. There is no high-level evidence to support endovascular therapy in chronic DVT, he noted.

The DVT registry Dr. Garcia presented included 53 patients with chronic DVT involving 59 limbs (11 upper limbs and 48 lower limbs). Five patients were excluded from the analysis (incomplete data or death). Of 48 treated patients, only 1 failure occurred. Mean age was 52 years, and about 50% of the patients were men. Of 47 successful procedures, 17 were ultrasound-assisted and 30 were non-ultrasound-assisted.

"We only failed to cross one lesion in one patient. This shows we can do something to help these patients," Dr. Garcia commented.

Complete lysis was achieved in 67% of the ultrasound-assisted group vs 52% of the non-ultrasound-assisted group. Sixty percent of the ultrasound-assisted group said they were "much improved" or "somewhat improved" compared with 37% of the non-ultrasound-assisted group.

"The fact that we could traverse every lesion and affect flow gave every patient some degree of improvement, either with ultrasound assistance or without it," Dr. Garcia said.

Fifty percent of the ultrasound-assisted group had no symptoms after the procedure compared with 33% in the non-ultrasound-assisted group. Some pain was experienced by 17% vs 56%, respectively.

"This study showed that physicians should not sit back and let these patients suffer. We need to be proactive about treating chronic DVT. Some physicians say there is nothing you can do, but if you can traverse the chronic hard clot, you can make a difference. There are millions of patients out there with chronic DVT. This is a real opportunity to improve outcomes and quality of life for these patients," Dr. Garcia said.

He stated that there is a need for larger randomized trials in patients with chronic DVT to confirm these findings.

Treatment of the Future

"I, and many of my colleagues, completely agree that ultrasound-guided thrombolysis is the future for treatment of DVT," said George Meier, MD, professor of surgery, University of Cincinnati, in Ohio.

"We've known for many years that thrombolysis works for DVT. Ultrasound-guided thrombolysis shakes up the clot

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and allows better penetration and breakdown of the clot, speeding the process up," he explained.

Dr. Garcia and Dr. Meier have disclosed no relevant financial relationships.

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