

Current treatment of SVT

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Disclosures

- I have the following potential conflicts of interest to report:
 - Receipt of grants/research support
 - Receipt of honoraria and travel support
 - Participation in a company-sponsored speaker bureau
 - Employment in industry
 - Shareholder in a healthcare company
 - Owner of a healthcare company
- I do not have any potential conflict of interest

SUPERFICIAL VENOUS THROMBOSIS

- Thrombus within superficial veins;
- Inflammatory reaction along the course of the vein;
- **Less** well studied than DVT;
- Likely occurs more often;
- Usually affects the lower limbs.



HOW TO MANAGE SVT?



2021

Editor's Choice – European Society for Vascular Surgery (ESVS) 2021 Clinical Practice Guidelines on the Management of Venous Thrombosis★



2021

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



2021

Editor's Choice – European Society for Vascular Surgery (ESVS) 2021 Clinical Practice Guidelines on the Management of Venous Thrombosis[☆]

Recommendation 43

For patients with suspected lower limb superficial vein thrombosis, a **whole leg ultrasound scan is recommended** to determine thrombus extent and exclude asymptomatic deep vein thrombosis.

| Class | Level | References |
|-------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| I | B | Decousus <i>et al.</i> (2010), ²⁵⁸ Di Minno <i>et al.</i> (2016), ²⁸⁰ Jorgensen <i>et al.</i> (1993) ²⁸¹ |



2021

Editor's Choice – European Society for Vascular Surgery (ESVS) 2021 Clinical Practice Guidelines on the Management of Venous Thrombosis[☆]

Recommendation 44

For patients with isolated lower limb superficial vein thrombosis < 5 cm in length on ultrasound and lacking high risk features, such as malignancy, thrombophilia, or proximity to the deep venous system, anticoagulation is not recommended.

| Class | Level | Reference |
|-------|-------|-----------|
|-------|-------|-----------|

| | | |
|-----|---|-----------|
| III | C | Consensus |
|-----|---|-----------|

Recommendation 46

For patients with lower limb superficial vein thrombosis ≥ 3 cm away from the junction with the deep veins and extending ≥ 5 cm in length, an intermediate dose of a low molecular weight heparin should be considered as an alternative to fondaparinux.

| Class | Level | References |
|-------|-------|------------|
|-------|-------|------------|

| | | |
|-----|---|--------------------------------------------------------------------------------------------------------------------------------------|
| IIa | B | Cosmi <i>et al.</i> (2012), ²⁵⁹ Decousus <i>et al.</i> (2010), ²⁶² Duffett <i>et al.</i> (2019) ²⁷² |
|-----|---|--------------------------------------------------------------------------------------------------------------------------------------|

Recommendation 47

For patients with lower limb superficial vein thrombosis extending ≥ 5 cm in length on ultrasound and extending ≥ 3 cm from the junction with the deep veins, 45 days of anticoagulation treatment is recommended.

| Class | Level | References |
|-------|-------|------------|
|-------|-------|------------|

| | | |
|---|---|-----------------------------------------------------------------------------------------|
| I | B | Cosmi <i>et al.</i> (2012), ²⁵⁹ Decousus <i>et al.</i> (2010) ²⁶² |
|---|---|-----------------------------------------------------------------------------------------|



Editor's Choice – European Society for Vascular Surgery (ESVS) 2021 Clinical Practice Guidelines on the Management of Venous Thrombosis[☆]

2021

Recommendation 48

For patients with lower limb superficial vein thrombosis ≤ 3 cm from the junction with the deep veins, therapeutic anticoagulation is recommended.

| Class | Level | Reference |
|-------|-------|-----------|
|-------|-------|-----------|

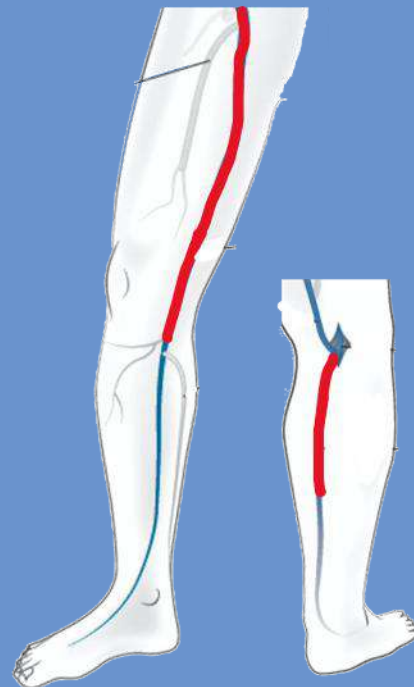
| | | |
|---|---|-----------|
| I | C | Consensus |
|---|---|-----------|

Recommendation 49

For patients with superficial vein thrombosis of the leg, which exhibits high risk clinical and/or anatomical features, a three month course of anticoagulation may be considered.

| Class | Level | Reference |
|-------|-------|-----------|
|-------|-------|-----------|

| | | |
|-----|---|----------------------------------------------------|
| IIb | C | Nikolakopoulos <i>et al.</i> (2018) ²⁶¹ |
|-----|---|----------------------------------------------------|





2021

Editor's Choice – European Society for Vascular Surgery (ESVS) 2021 Clinical Practice Guidelines on the Management of Venous Thrombosis[☆]

Recommendation 50

For patients with lower limb superficial vein thrombosis, acute superficial venous **intervention is not recommended.**

| Class | Level | Reference |
|-------|-------|----------------------------------------|
| III | C | Lozano & Almazan (2003) ²⁷³ |

Recommendation 51

For patients with lower limb superficial vein thrombosis, **ablation of incompetent superficial veins should be considered** once the acute inflammatory and prothrombotic phase has settled, at least three months after the most recent thrombotic event.

| Class | Level | Reference |
|-------|-------|-----------|
| IIa | C | Consensus |



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

In patients with superficial venous thrombosis (SVT) of the lower limb at **INCREASED** risk of clot progression to DVT or PE, we suggest the use of **anticoagulation for 45 days** over no anticoagulation;

Weak; Level B

In patients with SVT who are treated with anticoagulation, we **suggest fondaparinux 2.5 mg daily** over other anticoagulant treatment regimens such as (prophylactic or therapeutic dose) LMWH

Weak; Level B

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

DOACs



In patients with SVT who **refuse** or are **unable** to use parenteral anticoagulation, we suggest **rivaroxaban 10 mg daily** as a reasonable alternative for fondaparinux 2.5 mg daily

Weak; Level B



Prevention of thromboembolic complications in patients with superficial-vein thrombosis given rivaroxaban or fondaparinux: the open-label, randomised, non-inferiority SURPRISE phase 3b trial

MANAGEMENT OF SVT DURING PREGNANCY

SVT DURING PREGNANCY

1. DRUGS can cross the utero-placental barrier



WHICH DRUGS TO USE?

2. HIPERCOAGUABILITY state



For **HOW LONG?**

SVT DURING PREGNANCY

WHICH DRUGS?

~~Fondaparinux~~



2010

Fondaparinux for the Treatment of Superficial-Vein Thrombosis in the Legs

Hervé Decousus, M.D., Paolo Prandoni, M.D., Ph.D., Patrick Mismetti, M.D., Ph.D., Rupert M. Bauersachs, M.D., Zoltán Boda, M.D., Benjamin Brenner, M.D., Silvy Laporte, Ph.D., Lajos Matyas, M.D., Saskia Middeldorp, M.D., Ph.D., German Sokurenko, M.D., and Alain Leizorovicz, M.D. for the CALISTO Study Group*

- Pregnant women were **excluded** from the CALISTO trial;
- **Safety** and **efficacy** of fondaparinux during pregnancy is **not clear**;

~~DOACS~~

- CI during pregnancy;

SVT DURING PREGNANCY

WHICH DRUGS?

LMWH ✓

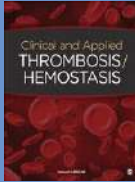
American Society of Hematology 2018 guidelines for management of venous thromboembolism: venous thromboembolism in the context of pregnancy

Recommendation 3

For pregnant women with proven acute superficial vein thrombosis, the ASH guideline panel suggests that LMWH be used over not using any anticoagulant (conditional recommendation, low certainty in evidence about effects ⊕⊕○○).

SVT DURING PREGNANCY

For **HOW LONG?**



2022

Position Paper on the Management of Pregnancy-Associated Superficial Venous Thrombosis. Balkan Working Group for Prevention and Treatment of Venous Thromboembolism

SVT located *below the knee* or at the *superficial veins of the upper limb*: treatment with prophylactic dose of LMWM is suggested for a duration of 6 weeks.

SVT DURING PREGNANCY

For HOW LONG?

SVT located above the knee, up to 10 cm before the SVJ, or SVT situated below the knee but 5 cm before the small saphenous vein (SSV): treatment with intermediate dose of LMWH is suggested during all pregnancy and for 6 weeks post-partum.

SVT located at distance less than 10 cm of the SVJ or less than 5 cm of the SSVJ: treatment with therapeutic dose of LMWH is suggested during all pregnancy and for 6 weeks post-partum.

Current treatment of SVT

Armando Mansilha