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?

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.

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<thead>
<tr>
<th>Class</th>
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| I     | B     | Decousus *et al.* (2010),
Di Minno *et al.* (2016),
Jorgensen *et al.* (1993) |
**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.

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<td>III</td>
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<td>Consensus</td>
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**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.

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<td>IIa</td>
<td>B</td>
<td>Cosmi et al. (2012), Decousus et al. (2010), Duffett et al. (2019)</td>
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**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.

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<td>I</td>
<td>B</td>
<td>Cosmi et al. (2012), Decousus et al. (2010)</td>
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**Recommendation 48**

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

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**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.

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<td>IIb</td>
<td>C</td>
<td>Nikolakopoulos et al. (2018)²⁶¹</td>
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Recommendation 50

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

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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.

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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
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.
MANAGEMENT OF SVT DURING PREGNANCY
1. DRUGS can cross the utero-placental barrier

2. HIPERCOAGUABILITY state
Pregnant women were excluded from the CALISTO trial;

Safety and efficacy of fondaparinux during pregnancy is not clear;

CI during pregnancy;
SVT DURING PREGNANCY

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 ♂♂〇〇).

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 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 SSV: treatment with therapeutic dose of LMWH is suggested during all pregnancy and for 6 weeks post-partum.
Current treatment of SVT

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