



Abano Terme

11 Novembre 2016

Tromboembolismo Venoso Incidentali

Francesco Dentali,
Dipartimento di Medicina Clinica Università
dell'Insubria Varese

Conflitti di Interesse

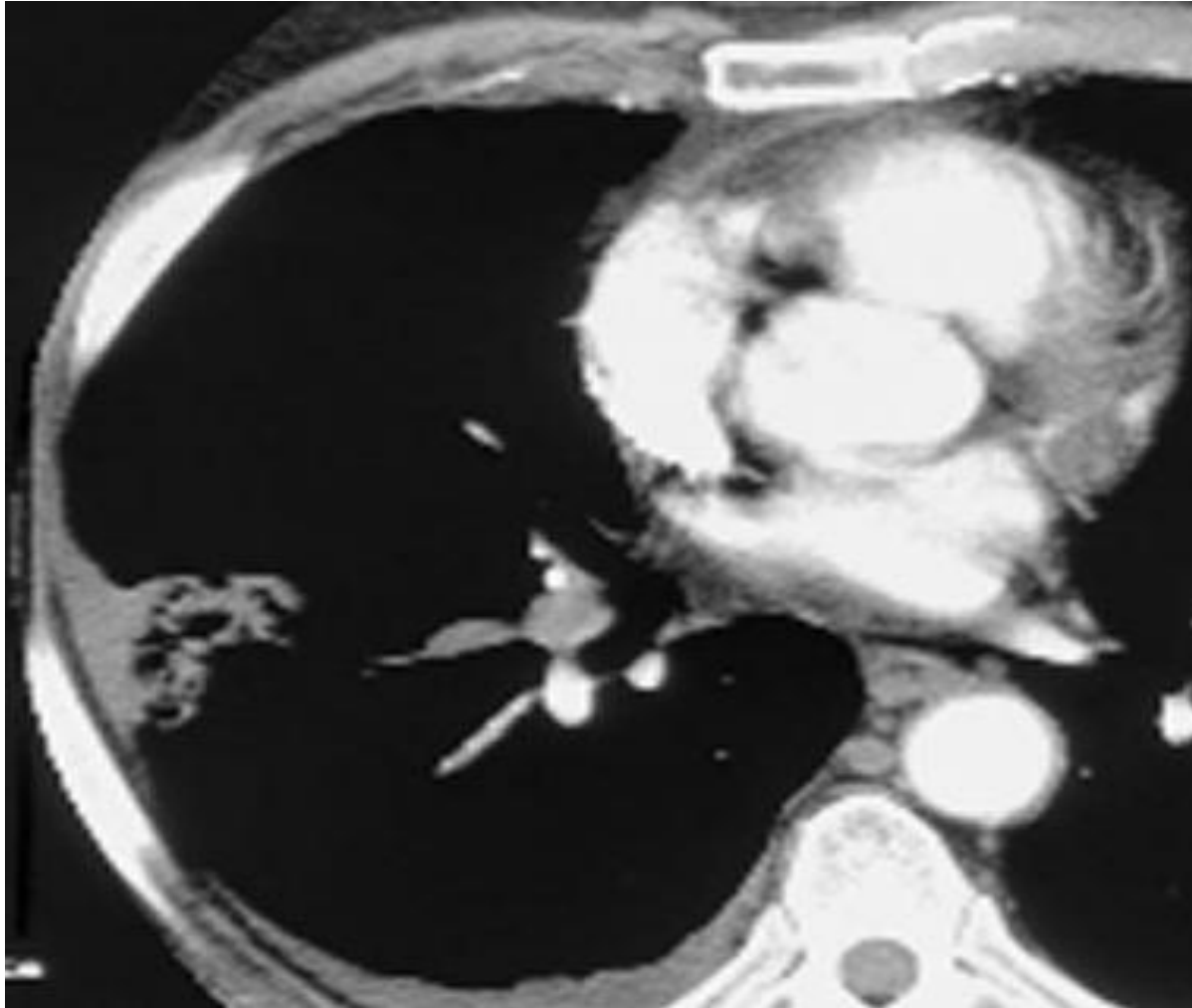
Lecture

Protocolli di Ricerca

Advisory Boards

- Bayer
- BMS/Pfizer
- Boheringer
- Daichi
- Sanofi
- Alfa Wasserman

Asymptomatic, unsuspected, incidental?



Agenda

- Incidence (prevalence?) and risk factors
- Unsuspected, asymptomatic, incidental...
- Embolic burden of patients with PE
- Prognostic Relevance of incidental VTE
- Treatment

Prevalence

Patients undergoing chest computer tomography

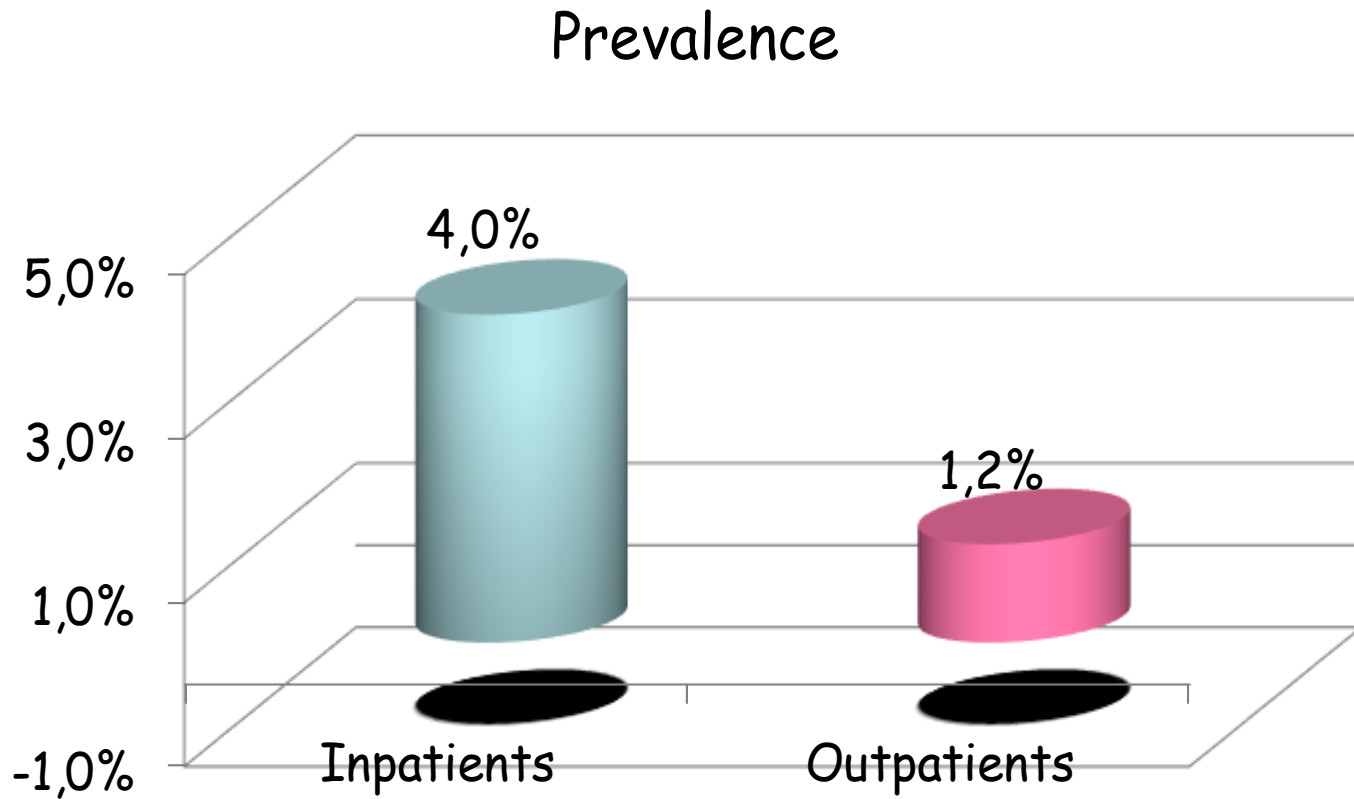
AUTHOR	STUDY TYPE	SELECTED POPULATION	N° OF PATIENTS	Mean Age, years (Range)	PREVALENCE
Sebastian et al, 2006 (34)	Prospective cohort study	Consecutive patients with malignancy	385	61 (22-94)	10/385 (2.6%)
Hui et al, 2008 (33)	Retrospective cohort study	Consecutive adult patients	1168	59.6 (18-97)	21/1168 (1.8%)
Winston et al, 1996 (29)	Retrospective cohort study	Consecutive patients	1879	-	18/1879 (1.0%)
Larici et al, 2007 (39)	Retrospective cohort study	Oncological patients	787	-	15/787 (1.9%)
Cronin et al, 2007 (19)	Retrospective cohort study	Consecutive patients with malignancy	397	55 (20-79)	13/397 (3.3%)
Storto et al, 2005 (26)	Retrospective cohort study	Patients who had undergone contrast-enhanced CT of the chest	581	63.4 (18-97)	20/581 (3.4%)
Boswell et al, 2004 (38)	Prospective cohort study	Oncological patients	2085	-	44/2085 (2.1%)
Ritchie et al, 2007 (18)	Prospective cohort study	Consecutive inpatients	487	69 (15-93) [°]	28/487 (5.7%)
Gladish et al, 2006 (23)	Retrospective cohort study	Consecutive patients with malignancy	403	55 (14-87)	16/403 (4.0%)
Gosselin et al, 1998 (28)	Prospective cohort study	Consecutive patients	785	-	12/785 (1.5%)
Engelke et al, 2006 (24)	Retrospective cohort study	Consecutive patients	1794	60 (15-96)*	58/1794 (3.3%)
O'Connell et al, 2006 (22)	Retrospective study	Patients with malignancy	138	65 [°]	-

Legend to Table 1: - Not Declared; ° Median Age; * Mean Age and range of the entire cohort (1912 patients).

10289 patients

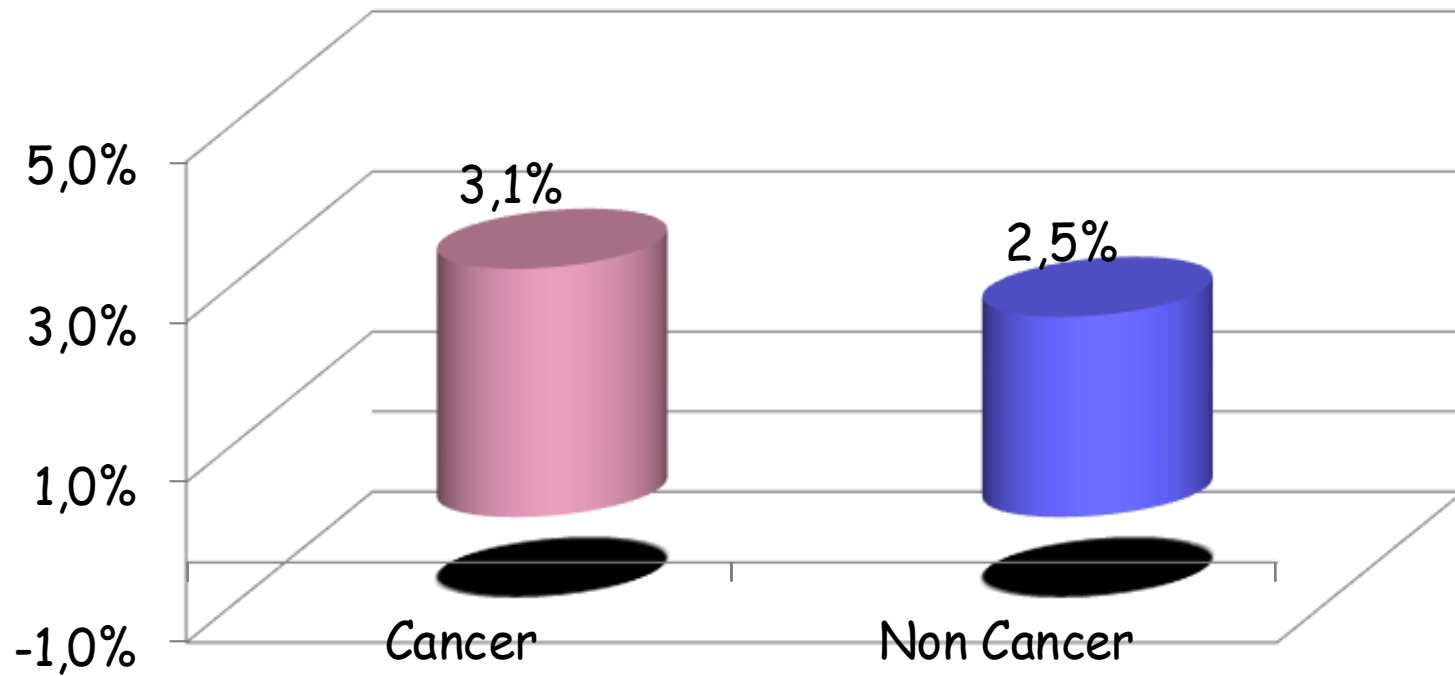
WMP 2.6% (95% 1.9-3.4)

In vs Outpatients

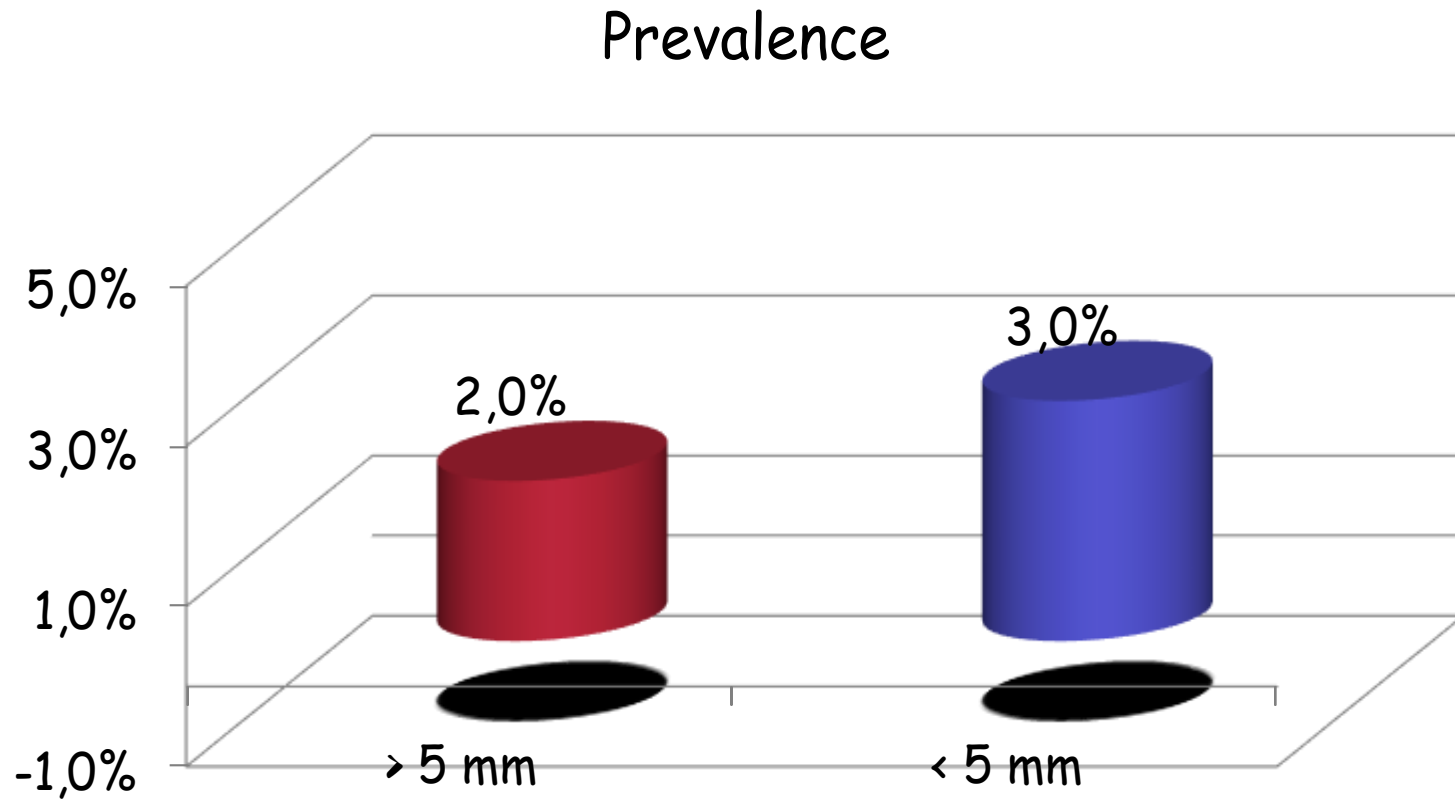


Cancer

Prevalence



Slice Thickness



Other Predictors

- Advanced Age
- Previous VTE
- Recent Surgery
- Cancer Stage
-



Incidental diagnosis of a deep vein thrombosis in consecutive patients undergoing a computed tomography scan of the abdomen: a retrospective cohort study

W. AGENO,* A. SQUIZZATO,* A. TOGNA,* F. MAGISTRALI,* M. MANGINI,† C. FUGAZZOLA†
and F. DENTALI*

Total abdominal CT scans reviewed	2619
Abdominal CT scans not requested for a suspected or known ADVT	2591
<hr/>	
Number of patients	45
Male gender	27
Age (years) (mean \pm SD)	67.42 (12.93)
Single site	31
Multiple sites	14
Supra-hepatic vein	3
Portal vein	26
Splenic vein	10
Superior mesenteric vein	8
Inferior mesenteric vein	1
Renal vein	7
Inferior vena cava	9

Estimated prevalence: 1.74% (95% CI 1.29-2.34).

Incidental diagnosis of a deep vein thrombosis in consecutive patients undergoing a computed tomography scan of the abdomen: a retrospective cohort study

W. AGENO,* A. SQUIZZATO,* A. TOGNA,* F. MAGISTRALI,* M. MANGINI,† C. FUGAZZOLA† and F. DENTALI*

	ADVT	No ADVT	P
Age (years) (mean ± SD)	67.7 (11.1)	65.0 (14.7)	0.23
Male gender (%)	60	59	0.92
Outpatients (%)	66	64	0.75
Medical inpatients (%)	27	26	0.92
Cancer (%)	80	55	0.0009
Liver cirrhosis (%)	33	3	< 0.0001

Liver Cirrhosis OR 14.72 (95% CI 7.57-28.63)

Cancer OR 3.17 (95% CI 1.51-6.68)

ADVT, abdominal deep vein thrombosis.

Asymptomatic or Unsuspected?

	UPE	SPE	p value
n	92	408	NA
Respiratory rate	18.9 ± 6.5	21.5 ± 7.8	0.0111
O ₂ saturation, %	89.4 ± 6.7	88.0 ± 8.6	0.23
Dyspnea	44 (48)	357 (88)	<0.0001
Chest pain	18 (19.6)	172 (42.3)	<0.0001
Hemoptysis	2 (2.17)	30 (7.35)	0.0667
Tachypnea ^a	34 (37)	233 (57)	0.0005
Hypoxemia ^b	31 (36.1)	224 (55.5)	0.0011
Hypocapnea ^c	29 (70.7)	125 (64.2)	0.416
Leg pain and swelling	30 (13)	136 (15)	0.896
Pneumonia	15 (16.3)	37 (9.07)	0.04
Current DVT	39 (25)	180 (15.7)	0.0333

Values in parentheses are percentages.

^a Respiratory rate >20.

^b O₂ saturation <90% or PO₂ <60 when breathing room air.

^c PCO₂ <35 mm Hg while breathing room air.

Unsuspected Pulmonary Emboli in Cancer Patients: Clinical Correlates and Relevance

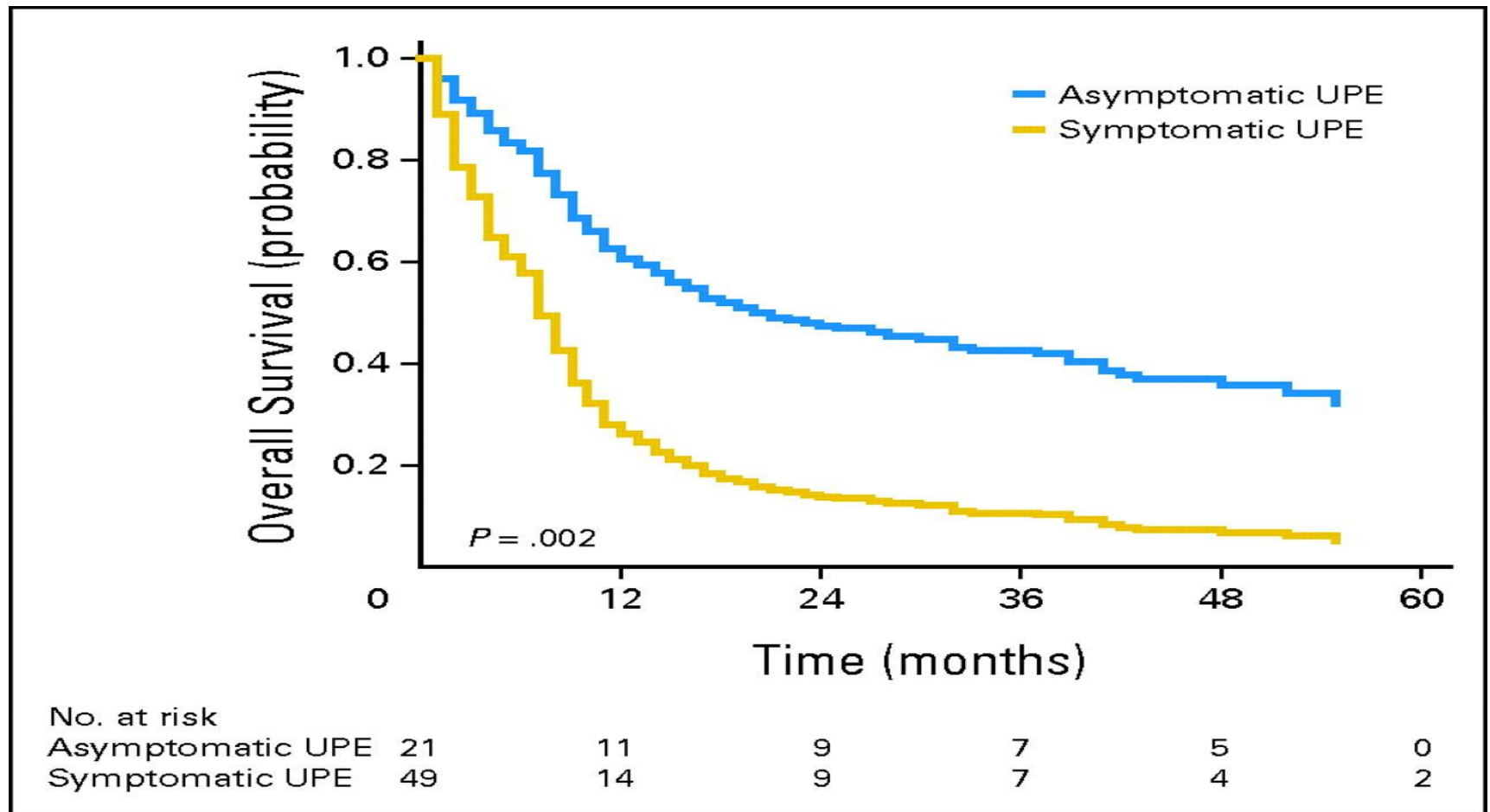
Casey L. O'Connell, William D. Boswell, Vinay Duddalwar, Amy Caton, Lisa S. Mark, Cheryl Vigen, and Howard A. Liebman

Symptom	Case Patients		Control Patients		Odds Ratio*	P*
	No.	%	No.	%		
Chest pain	3	7	6	7	0.94	.93
Fatigue	25	54	18	20	4.88	.0002
Limb pain or swelling	7	15	14	15	1.02	.97
Shortness of breath	10	22	7	8	5.03	.02
Tachycardia or palpitations	7	15	12	13	1.21	.72

Abbreviation: PE, pulmonary emboli.

*Calculated using conditional logistic regression matching by age and stage, and using additional adjustment for age within each matched set.

Prognostic impact of Symptoms in Unsuspected PE



PE location

AUTHOR	Machine	collimation	pitch	Slice thickness	Proximal location of emboli
Sebastian et al, 2006 [34]	Philips Mx 8000 Quad Philips PQ 5000	5-8 mm	1.5	5-8 mm	-
Hui et al, 2008 [33]	LightSpeed, GE Medical Systems, Milwaukee, Wis 16 slice	2.5 mm	-	2.5 mm	Main PAs = 2 Lobar PAs = 9 Segmental = 7 Subsegmental = 4
Winston et al, 1996 [29]	HighSpeed Advantage, GE Medical Systems, Milwaukee, Wis Single det	-	1.0	5-10 mm	Subsegmental = 0
Larici et al, 2007 [39]	16 slice	-	-	2.5 mm	-
Cronin et al, 2007 [19]	Somatom plus 4, Siemens MS, Iselin NJ	8 mm	-	-	-
Storto et al, 2005 [26]	Volume Zoom, Siemens MS, 4 slice	4 mm	-	5 mm	Principal PAs 5 Lobar PAs 5 Segmental 10 Subsegmental = 0 (13 combined)
Boswell et al, 2005 (38)	-	-	-	2 mm	-
Ritchie et al, 2007 [18]	Toshiba Aquilon Series , toshiba MS 4 slice or 16 slice	-	-	1-3 mm	Main PAs = 5 Lobar PAs = 5 Segmental = 13 Subsegmental = 5
Gladish et al, 2006 [23]	LightSpeed or LightSpeed Plus, GE Medical Systems, Milwaukee, Wis	3.75 mm	-	3.75 mm	Main or lobar PAs = 8 Segmental 7 Subsegmental = 1
Gosselin et al, 1998 [28]	Somatom plus 4, Siemens MS, Iselin NJ HiSpeed CT/I GE MS, Milwaukee, Winkonsin	5- 8 mm	1.2-2.0	-	Main PAs = 5 Lobar PA = 5 Segmental = 2
Engelke et al, 2006 [24]	4-16 slice	-	-	1.25 mm 0.70	-
O'Connell et al, 2006 [22]	16 slice MDCT	-	-	-	Main PAs = 8 Lobar PAs = 19 Segmental = 11 Subsegmental = 14

PE location

Location of pulmonary embolism.			
	Suspected PE no. (%) (n=45)	Unsuspected PE no. (%) (n=32)	p value ^a
Location of pulmonary embolism			
Main	10 (22%)	1 (3%)	0.02
Lobar	23 (51%)	8 (25%)	0.03
Segmental	5 (11%)	12 (38%)	0.01
Subsegmental	7 (16%)	11 (34%)	0.06
Bilateral PE	19 (42%)	10 (31%)	0.35

Values in bold denote statistically significant differences.

^a Fisher's exact probability test.

PE location

	Incidental	Symptomatic	<i>P</i> -value
Age in years, median (IQR)	62 (50–70)	65 (50–75)	0.01
Male sex, # (%)	18 (39.6)	11 (24.3)	0.52
Inpatient diagnosis, # (%)	18 (39.6)	11 (24.3)	0.20
Recent surgery, # (%)	5 (10.4)	22 (48.3)	0.01
Recent surgery, # (%)	5 (10.4)	22 (48.3)	0.025
Obstruction index, median % (IQR)	18 (10–30)	30 (10–53)	0.008

- 19 (39.6%) patients with central PE
- 29 (60.4%) with segmental PE
- No patients with subsegmental PE.

Index and thoracic radiologist interpretations of the filling defect detected on CTPA

	Index interpretation				
	Lobar	Segmental	Subsegmental	Normal	Total
Thoracic radiologist's interpretation	0	0	0	0	0
Lobar	0	2	26	0	28
Segmental	0	0	36	0	36
Subsegmental	0	0	8	4	12
Normal	0	2	70	4	76
Total					

CTPA, computed tomographic pulmonary angiography.

CT-Detected Asymptomatic PE After Hip and Knee Arthroplasties

	Asymptomatic Filling Defects (n = 12)	Negative Scans (n = 36)	<i>P</i>
Mean age, y (SD)	62.2 (8.0)	56.6 (12.6)	.14
Males, % (n)	58 (7)	56 (20)	.85
Mean BMI (SD)	30.3 (4.3)	32.4 (9.1)	.42
Comorbidity (SD)	7.0 (2.3)	6.6 (3.1)	.65
TKA/THA	11/1	16/20	.004

CT-Detected Asymptomatic PE After Hip and Knee Arthroplasties

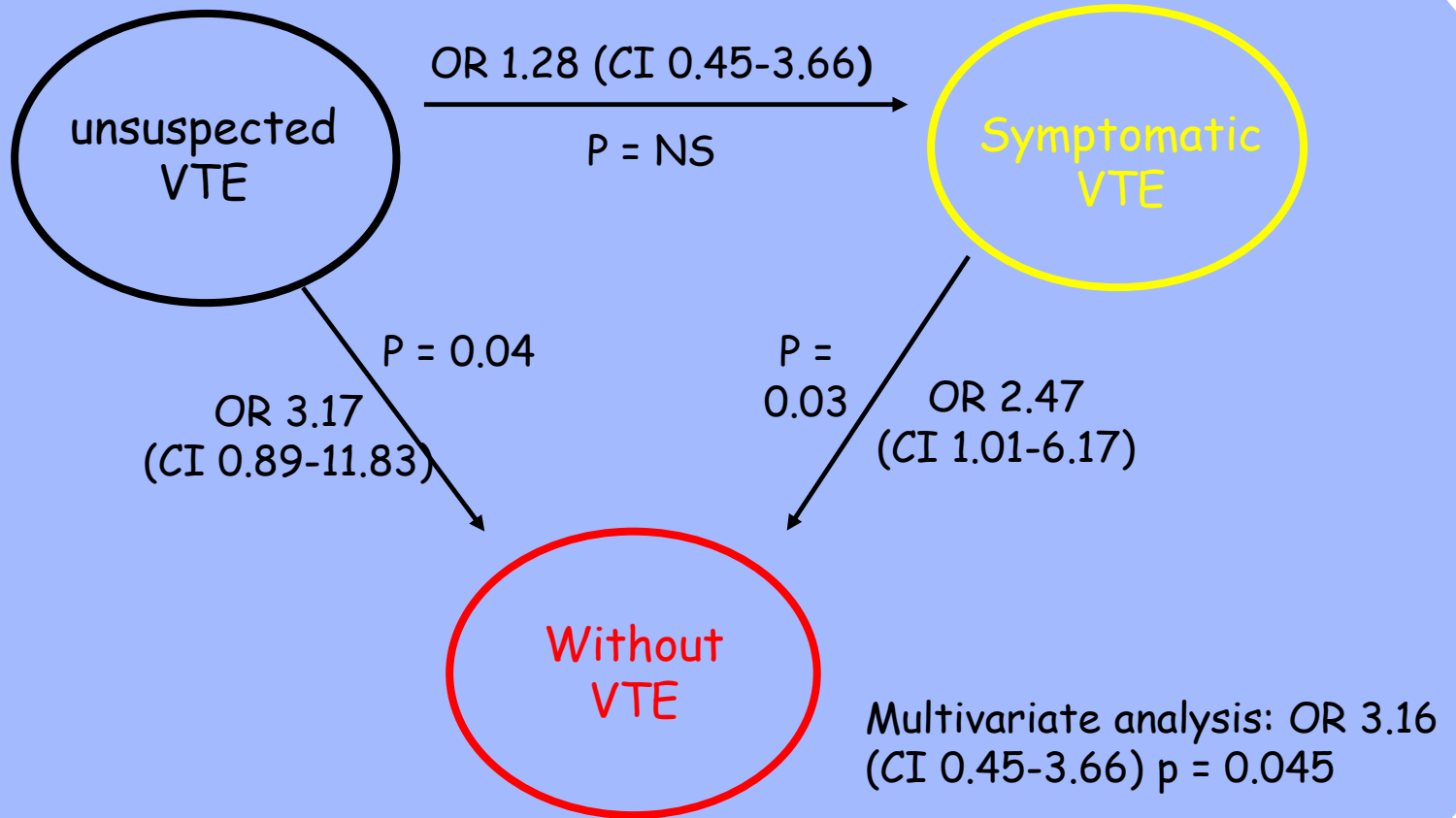
Abstract: We asked what the incidence of asymptomatic filling defects is on routine multidetector computed tomography (MDCT) in primary hip (total hip arthroplasty [THA]) and knee arthroplasties (TKA) patients. We prospectively performed MDCT scans on the first postoperative day for THA (n = 21)/TKA (n = 27). Patients underwent routine postoperative care, and data were collected for symptoms such as tachycardia or shortness of breath. More patients undergoing TKA had positive computed tomography scans than those undergoing THA: 11 (41%) vs 1 (5%), respectively. All patients diagnosed with a filling defect were discharged from the hospital without treatment of symptomatic pulmonary embolism. Our study demonstrates a high rate of abnormal MDCT early after lower extremity arthroplasty, the clinical importance of which may be benign.

Prognostic relevance of an asymptomatic VTE in cancer patients

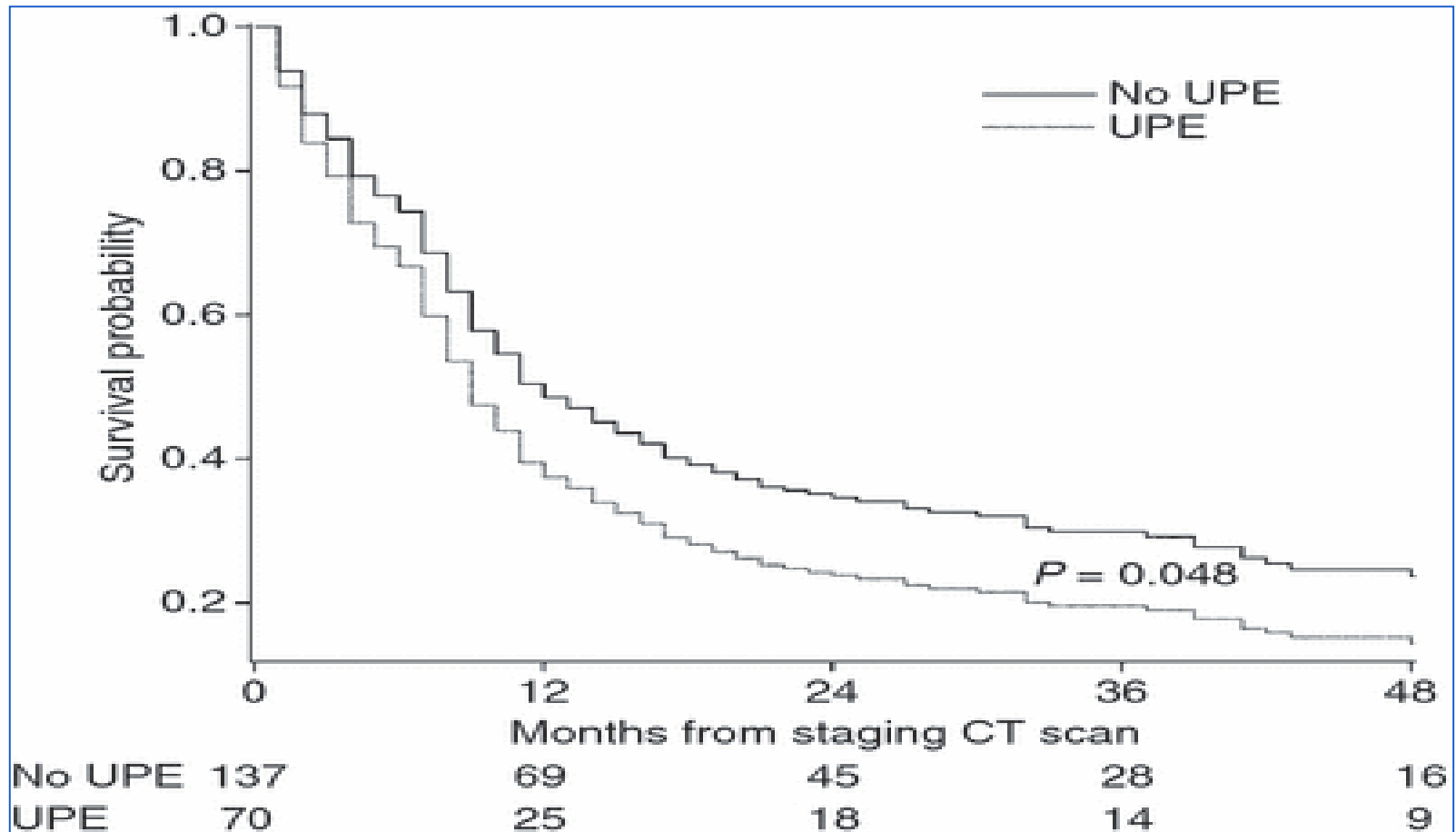
	Asymptomatic VTE	Symptomatic VTE	No VTE
Number	60	120	60
Male sex, <i>n</i> (%)	31 (52)	65 (54)	29 (48)
Mean age (SD)	65.8 (10.9)	69.6 (11.5)	68.6 (10.2)
Advanced stage, <i>n</i> (%)	58 (96.6)	112 (93.3)	58 (96.6)
Cancer site	28 gastroenteric 8 pulmonary 6 lymphatic 6 breast 12 others	37 gastroenteric 17 pulmonary 15 lymphatic 16 breast 35 others	18 gastroenteric 14 pulmonary 5 lymphatic 12 breast 11 others
Venous thrombosis location	37 PE + DVT 9 isolated DVT 14 isolated PE	20 PE + DVT 96 isolated DVT 4 isolated PE	–
Antithrombotic treatment	44 therapeutic LMWH 4 prophylactic LMWH 12 LMWH + warfarin	94 therapeutic LMWH 0 prophylactic LMWH 26 LMWH + warfarin	
Cancer treatment	55 chemotherapy 2 hormonal therapy 15 radiotherapy 9 erythropoietin	101 chemotherapy 7 hormonal therapy 30 radiotherapy 13 erythropoietin	49 chemotherapy 6 hormonal therapy 12 radiotherapy 8 erythropoietin
Mortality, <i>n</i> (%)	27 (45)	57 (47.5)	16 (26.7)

VTE, venous thromboembolic events; PE, pulmonary embolism; DVT, deep vein thrombosis; LMWH, low-molecular-weight heparin.

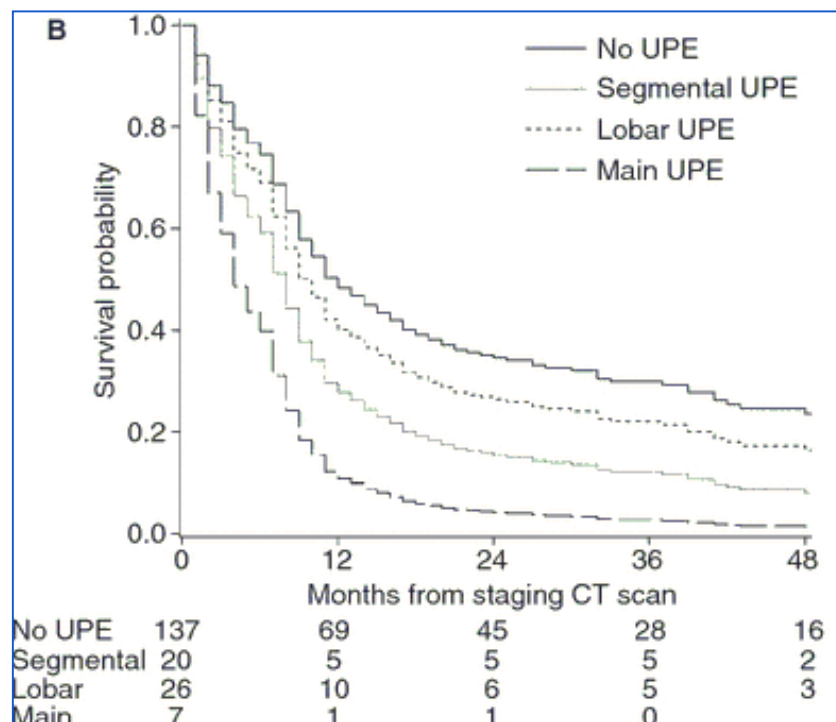
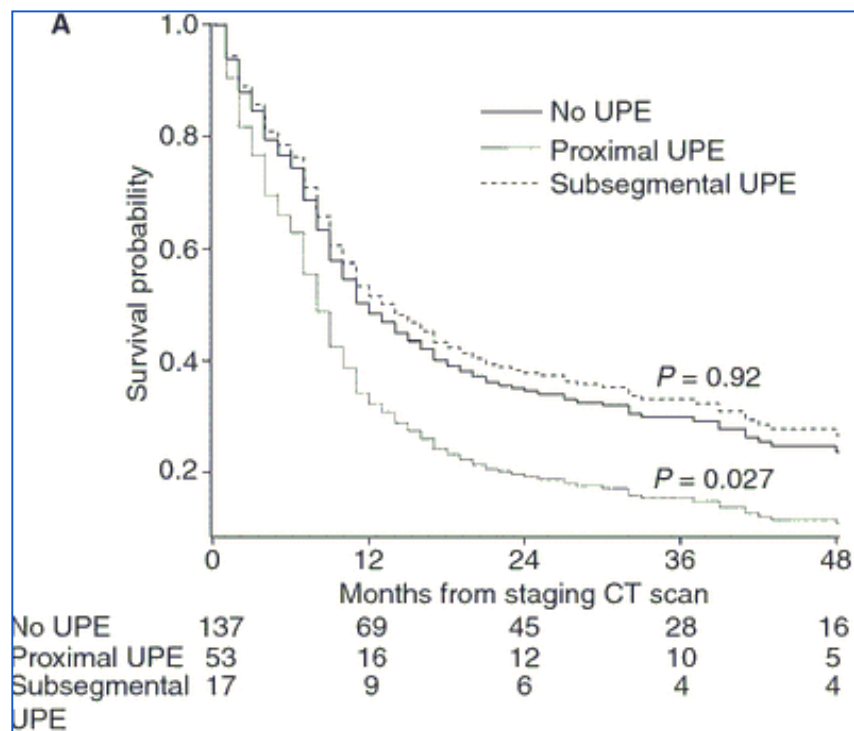
Mortality at 6 months



Unsuspected pulmonary emboli adversely impact survival in patients with cancer undergoing routine staging multi-row detector computed tomography scanning

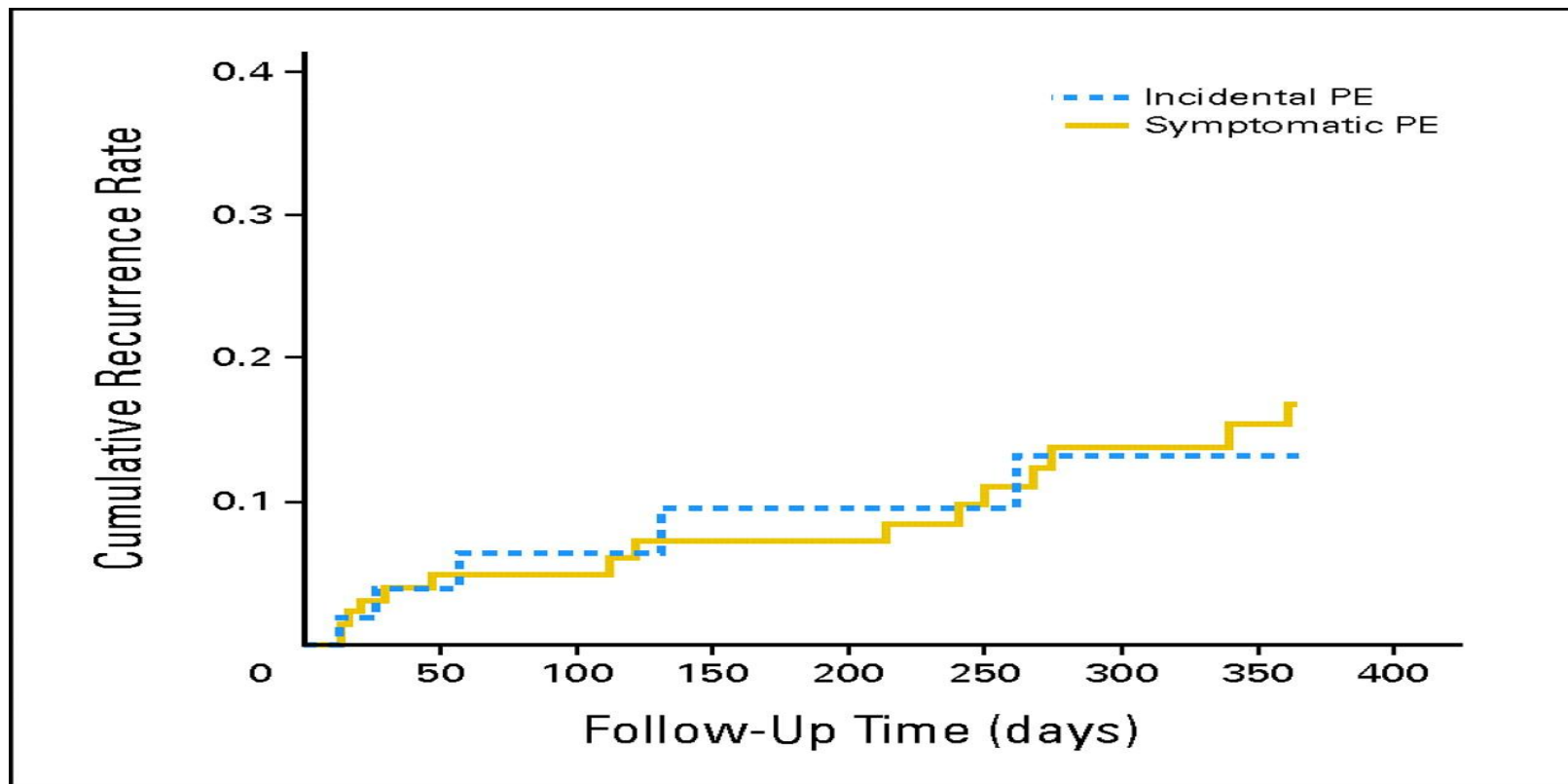


Unsuspected pulmonary emboli adversely impact survival in patients with cancer undergoing routine staging multi-row detector computed tomography scanning



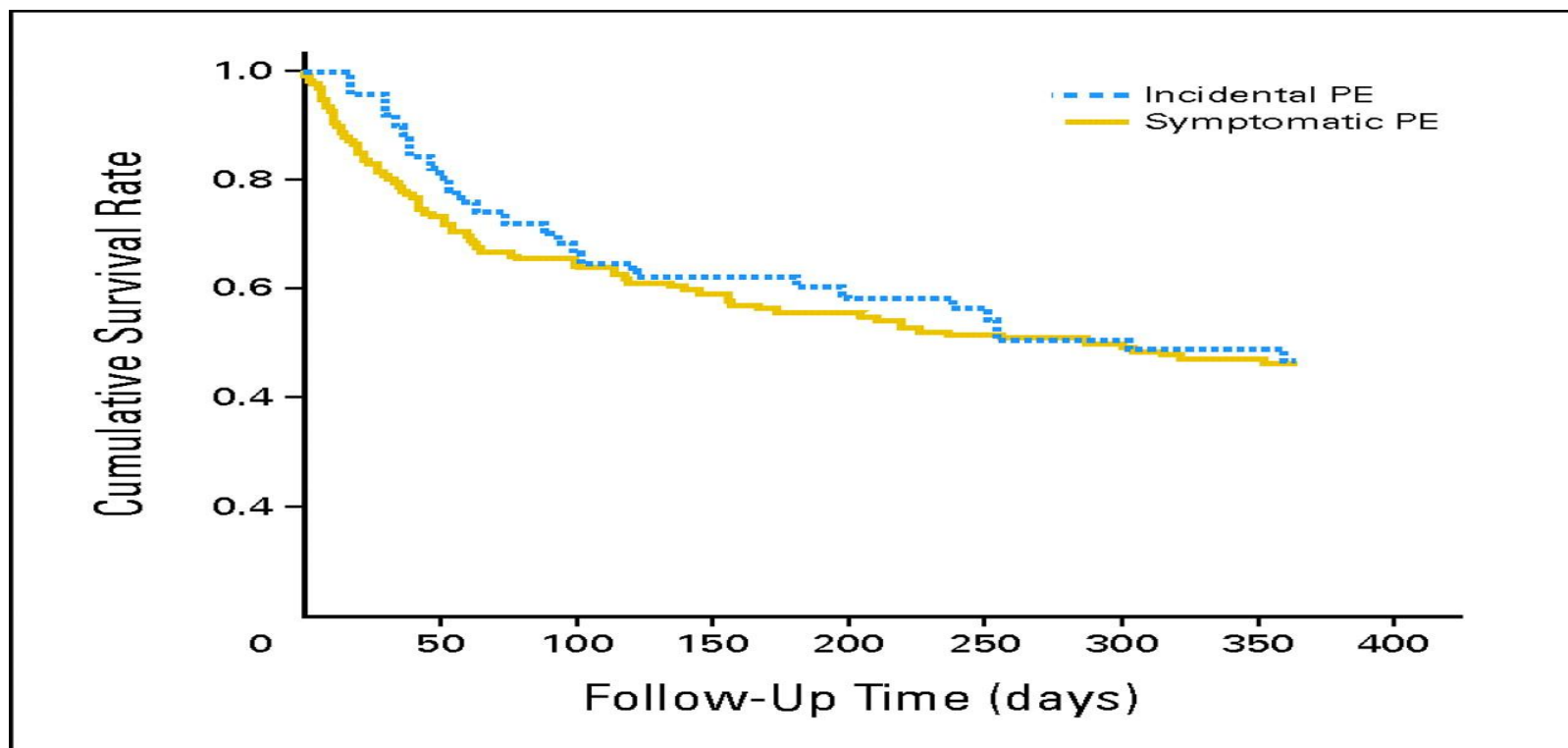
Risk of Recurrent Venous Thromboembolism and Mortality in Patients With Cancer Incidentally Diagnosed With Pulmonary Embolism: A Comparison With Symptomatic Patients

Paul L. den Exter, José Hooijer, Olaf M. Dekkers, and Menno V. Huisman



Risk of Recurrent Venous Thromboembolism and Mortality in Patients With Cancer Incidentally Diagnosed With Pulmonary Embolism: A Comparison With Symptomatic Patients

Paul L. den Exter, José Hooijer, Olaf M. Dekkers, and Menno V. Huisman



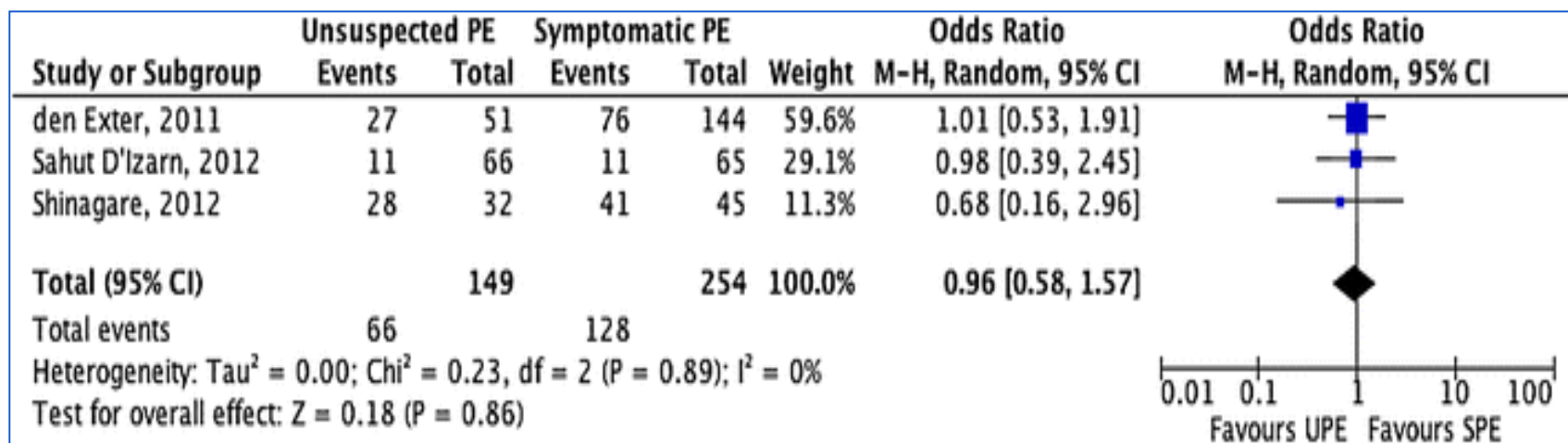
Unsuspected pulmonary embolism in cancer patients: a narrative review with pooled data

Marco Paolo Donadini · Francesco Dentali ·

Alessandro Squizzato · Luigina Guasti ·

Walter Ageno

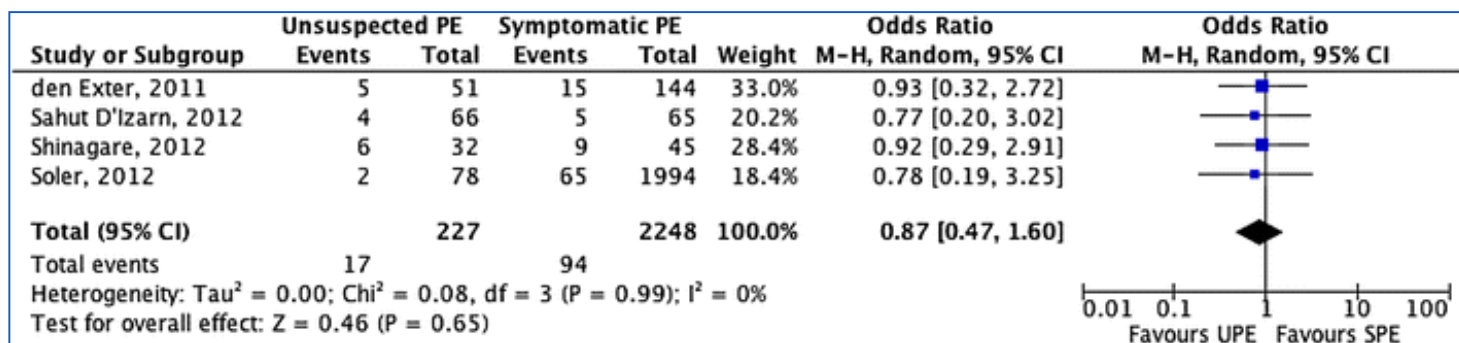
Mortality



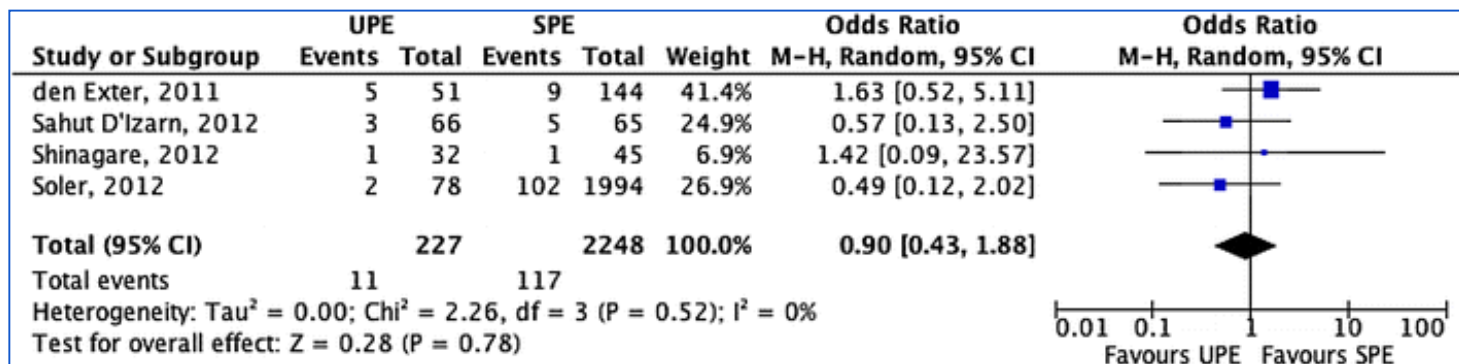
Unsuspected pulmonary embolism in cancer patients: a narrative review with pooled data

Marco Paolo Donadini · Francesco Dentali ·
 Alessandro Squizzato · Luigina Guasti ·
 Walter Ageno

VTE



MB

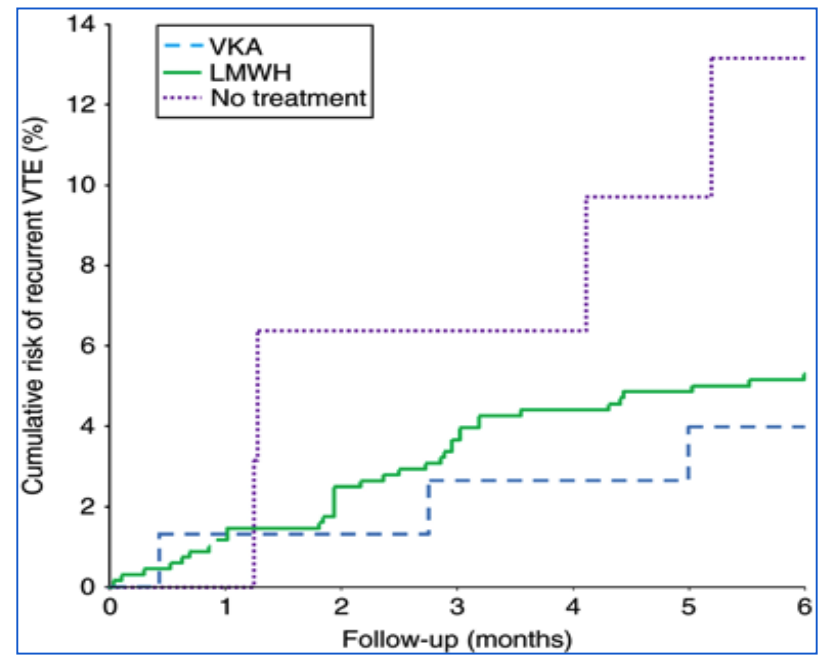
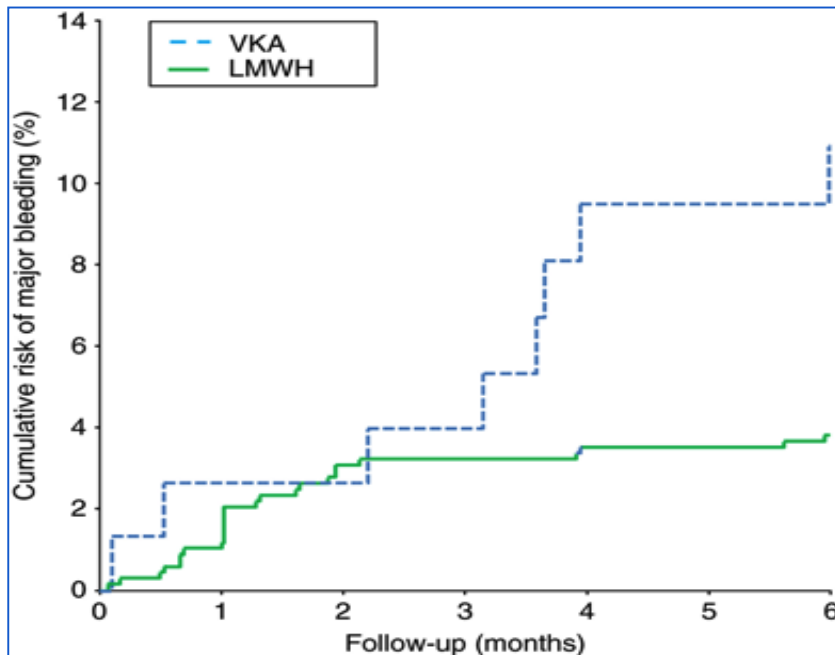


Risk of recurrent venous thromboembolism and major hemorrhage in cancer-associated incidental pulmonary embolism among treated and untreated patients: a pooled analysis of 926 patients

Treatment	Total cohort <i>n</i> = 926 (100%)	LMWH <i>n</i> = 732 (79%)	VKA <i>n</i> = 100 (11%)	Other <i>n</i> = 41 (4.4%)	None <i>n</i> = 53 (5.7%)
Mean age (SD; range)	65 (12; 19–94)	64 (12; 19–94)	68 (12; 20–91)	68 (13; 28–90)	65 (14; 27–91)
Male sex, <i>n</i> (%)	491 (53)	378 (52)	60 (60)	22 (54)	31 (58)
Heart failure, <i>n</i> (%)	27/470 (5.7)	19/382 (5.0)	4/56 (7.1)	1/10 (10)	3/22 (14)
COPD, <i>n</i> (%)	35/471 (7.4)	25/383 (6.5)	7/56 (13)	0/10 (0)	3/22 (14)
Previous VTE, <i>n</i> (%)	47/566 (8.3)	32/435 (7.4)	10/86 (12)	1/13 (7.7)	4/32 (13)
Stage of malignancy, <i>n</i> (%)					
Metastatic cancer	501 (54)	400 (55)	56 (56)	12 (29)	33 (62)
Non-metastatic cancer	192 (21)	143 (20)	34 (34)	3 (7.3)	12 (23)
Unspecified	233 (25)	189 (26)	10 (10)	26 (63)	8 (15)
Type of malignancy, <i>n</i> (%)					
Lung	176 (19)	135 (18)	16 (16)	7 (17)	18 (34)
Colorectal	185 (20)	150 (20)	20 (20)	6 (15)	9 (17)
Other gastrointestinal	187 (20)	147 (20)	15 (15)	12 (29)	13 (25)
Breast	65 (7.0)	52 (7.1)	10 (10)	2 (4.9)	1 (1.9)
Gynecological	64 (6.9)	56 (7.7)	5 (5.0)	3 (7.3)	0 (0)
Other or unknown	206 (22)	155 (21)	31 (31)	10 (24)	10 (19)
HVKAsmatological	43 (4.6)	37 (5.1)	3 (3.0)	1 (2.4)	2 (3.8)
Largest artery involved, <i>n</i> (%)					
Central	292 (32)	230 (31)	30 (30)	21 (51)	11 (21)
Segmental	301 (33)	238 (33)	35 (35)	7 (17)	21 (40)
Subsegmental	193 (21)	156 (21)	27 (27)	2 (4.9)	8 (15)
Unspecified	140 (15)	108 (15)	8 (8.0)	11 (27)	13 (25)

COPD, chronic obstructive pulmonary disease; VTE, venous thromboembolism; LMWH, low molecular weight heparins; VKA, vitamin K antagonist.

Risk of recurrent venous thromboembolism and major hemorrhage in cancer-associated incidental pulmonary embolism among treated and untreated patients: a pooled analysis of 926 patients



Physicians' management approach to an incidental pulmonary embolism: an international survey

P. L. DEN EXTER,* M. J. G. VAN ROOSMALEN,* P. VAN DEN HOVEN,* F. A. KLOK,* M. MONREAL,†, D. JIMÉNEZ‡ and M. V. HUISMAN*

*Department of Thrombosis and Hemostasis, LUMC, Leiden, the Netherlands; †Medicine Department, Germans Trias i Pujol Hospital, Badalona, Barcelona; and ‡Respiratory Department, Ramón y Cajal Hospital, IRYCIS, Madrid, Spain

Location of PE	Case 1 – cancer patient			Case 2 – non-cancer patient		
	Subsegmental	Segmental	Central	Subsegmental	Segmental	Central
Initiation of treatment, <i>n</i> (%)	<i>n</i> = 183	<i>n</i> = 175	<i>n</i> = 169	<i>n</i> = 161	<i>n</i> = 157	<i>n</i> = 156
No treatment	20 (10.9)	3 (1.7)	0 (0.0)	45 (28.0)	4 (2.5)	0 (0.0)
Anticoagulation for 3 months	24 (13.1)	18 (10.3)	9 (5.3)	37 (23.0)	43 (27.4)	24 (15.4)
Anticoagulation for 6 months	61 (33.3)	63 (36.0)	54 (32.0)	70 (43.5)	102 (65.0)	118 (75.6)
Anticoagulation for indefinite period	78 (42.6)	91 (52.0)	106 (62.7)	9 (5.6)	8 (5.1)	14 (9.0)
Type of treatment*, <i>n</i> (%)	<i>n</i> = 161	<i>n</i> = 172	<i>n</i> = 167	<i>n</i> = 115	<i>n</i> = 151	<i>n</i> = 153
VKA	14 (8.7)	13 (7.6)	13 (7.8)	50 (43.5)	79 (52.3)	86 (56.2)
LMWH – therapeutic dose	99 (61.5)	114 (66.3)	116 (69.5)	50 (43.5)	55 (36.4)	52 (34.0)
LMWH – therapeutic dose followed by prophylactic dose	45 (28.0)	41 (23.8)	36 (21.6)	13 (11.3)	15 (9.9)	12 (7.8)
LMWH – prophylactic dose	3 (1.9)	4 (2.3)	2 (1.2)	2 (1.7)	2 (1.3)	3 (2.0)
Treatment location*, <i>n</i> (%)	<i>n</i> = 163	<i>n</i> = 174	<i>n</i> = 168	<i>n</i> = 115	<i>n</i> = 151	<i>n</i> = 154
Outpatient basis	114 (69.9)	107 (61.5)	61 (36.3)	77 (67.0)	94 (62.3)	54 (35.1)
Hospitalized	10 (6.1)	17 (9.8)	66 (39.3)	10 (8.7)	21 (13.9)	66 (42.9)
Depends on patient preferences	2 (1.2)	2 (1.1)	1 (0.6)	2 (1.7)	3 (2.0)	2 (1.3)
Decide on a case-by-case basis	37 (22.7)	48 (27.6)	40 (23.8)	26 (22.6)	33 (21.9)	32 (20.8)
Change treatment if proven DVT, <i>n</i> (%)	<i>n</i> = 181	<i>n</i> = 177	<i>n</i> = 168	<i>n</i> = 160	<i>n</i> = 153	<i>n</i> = 156
Yes	49 (27.1)	22 (12.4)	12 (7.1)	55 (34.4)	20 (13.1)	14 (9.0)
No	132 (72.9)	155 (87.6)	156 (92.9)	105 (65.6)	133 (86.9)	142 (91.0)

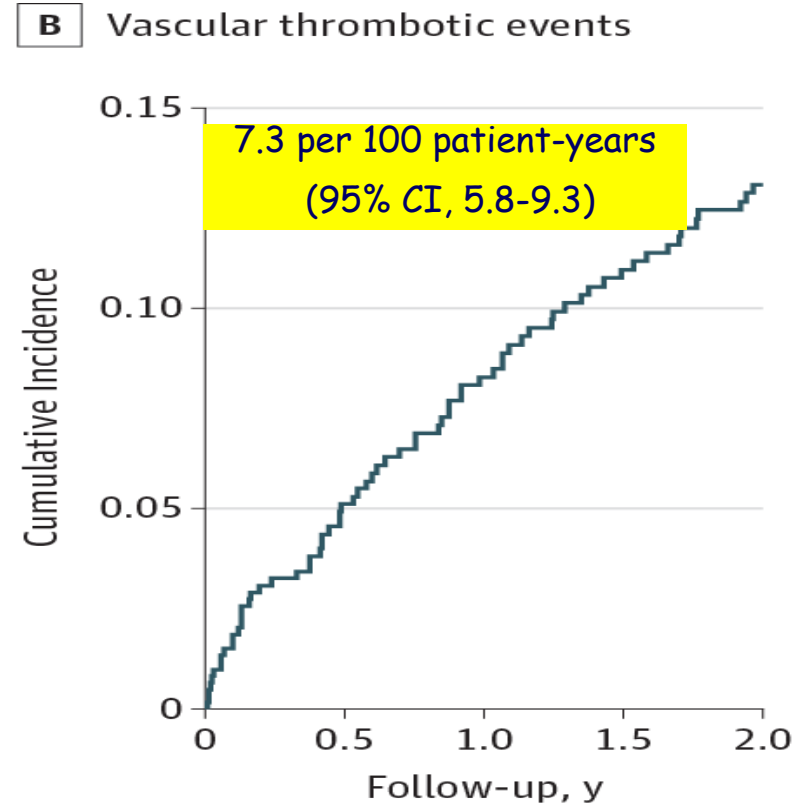
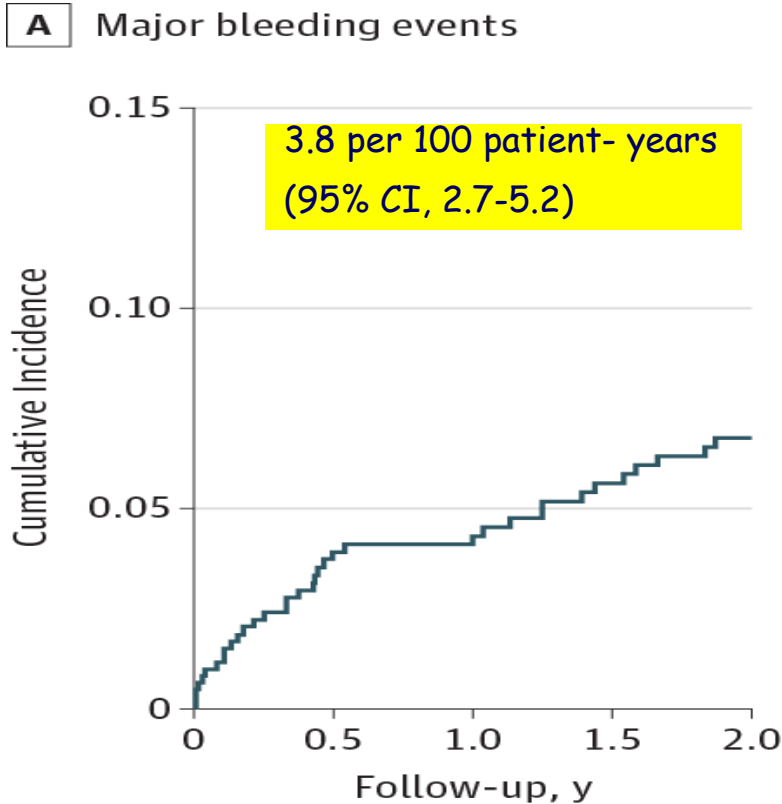
PE, pulmonary embolism; DVT, deep vein thrombosis; VKA, vitamin K antagonists; LMWH, low-molecular-weight heparin.

*In case treatment was initiated.

Original Investigation

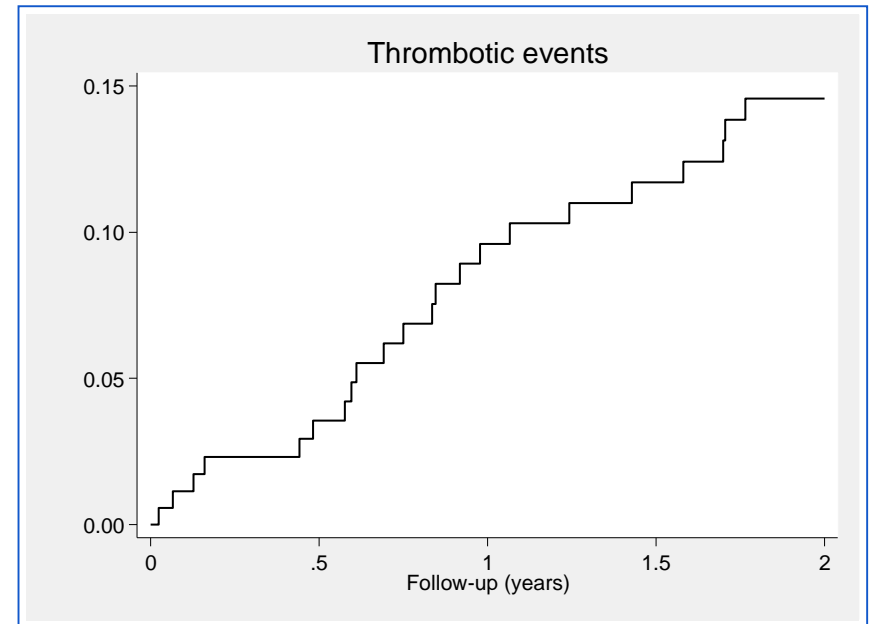
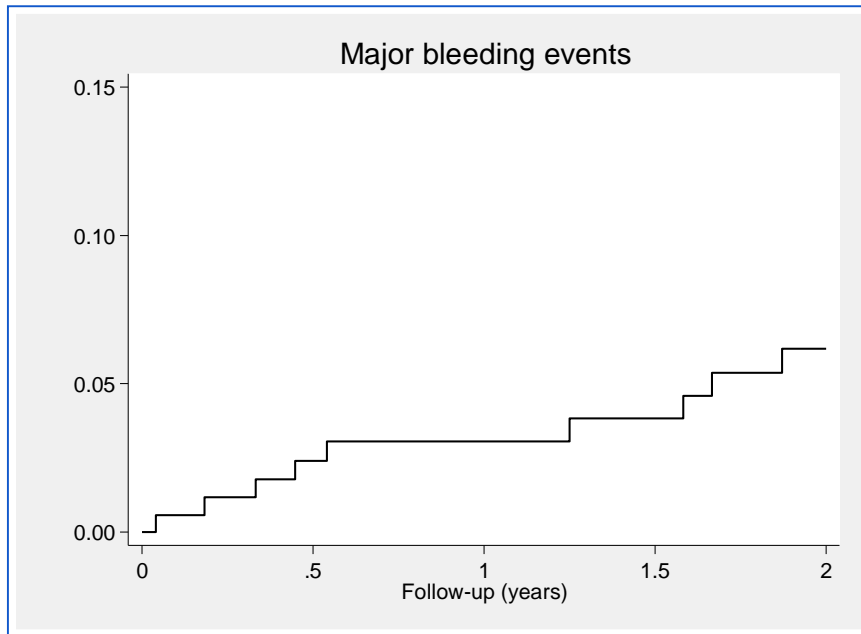
Long-term Clinical Outcomes of Splanchnic Vein Thrombosis Results of an International Registry

Walter Ageno, MD; Nicoletta Riva, MD; Sam Schulman, MD; Jan Beyer-Westendorf, MD; Soo Mee Bang, MD; Marco Senzolo, MD; Elvira Grandone, MD; Samantha Pasca, MD; Matteo Nicola Dario Di Minno, MD; Rita Duce, MD; Alessandra Malato, MD; Rita Santoro, MD; Daniela Poli, MD; Peter Verhamme, MD; Ida Martinelli, MD; Pieter Kamphuisen, MD; Doyeun Oh, MD; Elbio D'Amico, MD; Cecilia Becattini, MD; Valerio De Stefano, MD; Gianpaolo Vidili, MD; Antonella Vaccarino, MD; Barbara Nardo, MD; Marcello Di Nisio, MD; Francesco Dentali, MD



Incidentally detected SVT

177 patients



Incidentally detected SVT

Number	177
Median follow-up	2 years
Major bleeding	3.3/100 pt-yrs (95% CI 1.7-6.3)
Thrombotic events	8.0/100 pt-yrs (95% CI 5.2-12.1)
Major bleeding on treatment	3.2/100 pt-yrs (95% CI 1.2-8.4)
Thrombosis off-treatment	11.9/100 pt-yrs (95% CI 5.0-28.7)

Incidentally detected SVT

	Liver cirrhosis (n:82)	Solid cancer (n:62)	Non-malignant non- cirrhotic SVT (n:57)
Major bleeding	6.1/100 pt-yrs (95% CI 2.9-12.8)	1.2/100 pt-yrs (95% CI 0.2-8.2)	1.8/100 pt-yrs (95% CI 0.5-7.4)
Thrombotic events	14.8/100 pt-yrs (95% CI 9.2-23.8)	8.1/100 pt-yrs (95% CI 3.9-17.0)	2.8/100 pt-yrs (95% CI 0.9-8.6)
Mortality	9.9/100 pt-yrs (95% CI 5.9-16.7)	21.7/100 pt-yrs (95% CI 14.0-33.6)	0 events



Antithrombotic Therapy for VTE Disease

- 3.5. In patients who are incidentally found to have asymptomatic DVT of the leg, we suggest the same initial and long-term anticoagulation as for comparable patients with symptomatic DVT (Grade 2B).
- 6.9. In patients who are incidentally found to have asymptomatic PE, we suggest the same initial and long-term anticoagulation as for comparable patients with symptomatic PE (Grade 2B).



Antithrombotic Therapy for VTE Disease

- Symptomatic splanchnic vein thrombosis (portal, mesenteric, and/or splenic vein thromboses): anticoagulation over no anticoagulation (Grade 1B)
- Incidentally detected splanchnic vein thrombosis (portal, mesenteric, and/or splenic vein thromboses): no anticoagulation over anticoagulation (Grade 2C)



Antithrombotic Therapy for VTE Disease

- Symptomatic hepatic vein thrombosis: anticoagulation over no anticoagulation (Grade 2C)
- Incidentally detected hepatic vein thrombosis: no anticoagulation over anticoagulation (Grade 2C)

ASCO | GUIDELINES

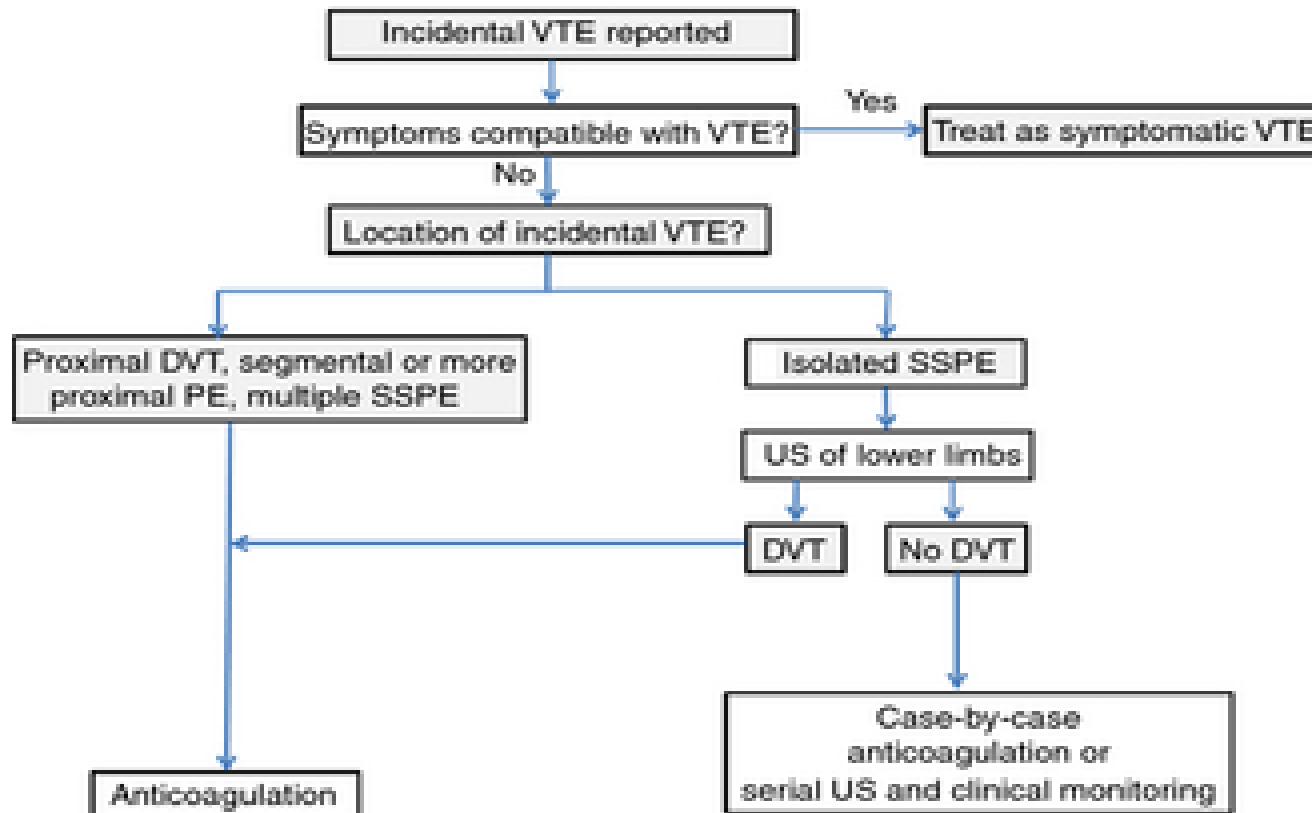
4.7 Based on consensus, incidental PE and DVT should be treated in the same manner as symptomatic VTE. Treatment of splanchnic or visceral vein thrombi diagnosed incidentally should be considered on a case-by-case basis, considering potential benefits and risks of anticoagulation.

Evidence: insufficient

Recommendation type, strength:
informal consensus, moderate

Diagnosis and treatment of incidental venous thromboembolism in cancer patients: guidance from the SSC of the ISTH

M. DI NISIO,*† A. Y. Y. LEE,‡ M. CARRIER,§ H. A. LIEBMAN¶ and A. A. KHORANA,** FOR THE SUBCOMMITTEE ON HAEMOSTASIS AND MALIGNANCY



Revising consensus in portal hypertension: Report of the Baveno V consensus workshop on methodology of diagnosis and therapy in portal hypertension

Roberto de Franchis*, On behalf of the Baveno V Faculty¹

Department of Medical Sciences, University of Milan, Head, Gastroenterology 3 Unit, IRCCS Ca' Granda Ospedale Maggiore Policlinico Foundation, Milan, Italy

Treatment: recent EHPVO: anticoagulation

- Recent EHPVO rarely resolves spontaneously.
- In non-cirrhotic patients with symptomatic recent EHPVO, low molecular weight heparin should be started immediately followed by oral anticoagulant therapy (2b;B). In asymptomatic patients, anticoagulation should be considered.
- Anticoagulation should be given for at least three months, unless an underlying persistent prothrombotic state has been documented, in which case life-long anticoagulation is recommended (5;D).

Take home message

- Malattia frequente
- Thrombotic burden non trascurabile
- Importante impatto prognostico
- Terapia antitrombotica