

OncoHematological Disease and Upper Extremities' Deep Vein Thrombosis: Observational Analysis of the Causes, Complications, Therapies and Outcomes

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Background and Aims: Upper Extremities' Deep Vein Thrombosis (UEDVT) is an event occurring with increasing incidence in the neoplastic patient for the cancer- related risk and for the use of central venous catheters (CVC) [1,2].

Our study is an observational descriptive analysis that consider a cluster of 42 patients with the characteristics shown in the table 1.

Materials and Methods: Patients with UEDVT associated with active malignant cancer were selected.

The data collected included basic characteristics of patients; features related to malignant disease, cancer therapy, DVT and complications.

Table 1

PATIENT CHARACTERISTICS (N=42)			
PATIENT CHARACTERISTICS (N=42)	Range (years)	25 - 85	
SEX	Male	18	
	Female	24	
		Number of patients	Percentage
	Lymphoma	10	23,8
	Multiple Mieloma	4	9,5
PRIMITIVE NEOPLASM	Breast	5	11,9
	Lung	6	14,3
	Acute MyeloidLeukemia	5	11,9
	Colorectal	7	16,7
	Ovary	2	4,8
	Pancreas	1	2,4
	Nasopharynx/larynx	2	4,8
	Chemotherapy	22	52,4

TREATMENT	Radiotherapy	3	7,1
	Chemotherapy and radiotherapy	5	11,9
	Chemotherapy and immunotherapy	4	9,5
	Chemotherapy and hormonetherapy	2	4,8
	Auto/heter-transplantation	2	4,8
	Previous therapy		
	(> 3months)	4	9,5
CENTRAL VENOUS CATHETER	Present	34	80,9
	Absent	8	19,1
	Removed	10	2,4
	LMWH	16	38,0
	Fondaparinux	0	0
ANTICOAGULANT THERAPY	NOACs	0	0
	LMWH, NOACs	20	47,6
	Fondaparinux, NOACs	1	2,4
	Tinzaparin	2	4,8
	LMWH, Tinzaparin	2	4,8
	LMWH, NOACs, Tinzaparin	1	2,4

Results: Among the patients examined, 80.9% had a central venous catheter with thrombotic event occurring within 4 months from the insertion.

The patients were treated with anticoagulant therapy as expressed in table 1.

Despite treatment with anticoagulant therapy at least for 3 months, only 42,9% had complete recanalization, 47,7% partial and 4,8% no recanalization.

Complications found: 2,4% had pulmonary embolism, 2,4% vena cava syndrome, 4,8% sepsis, 7,1% post-thrombotic syndrome and 7,1% minor bleeding.

Discussion: UEDTV in onco-hematological patients represents a not negligible event, especially because of the increasing use of CVCs. The risk of complications is low but should be considered. Complete venous recanalization, despite anticoagulant therapy, is not constant.

References

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