

Role of Inferior vena cava filter insertion prior to thrombolysis of Acute ilio femoral deep venous thrombosis

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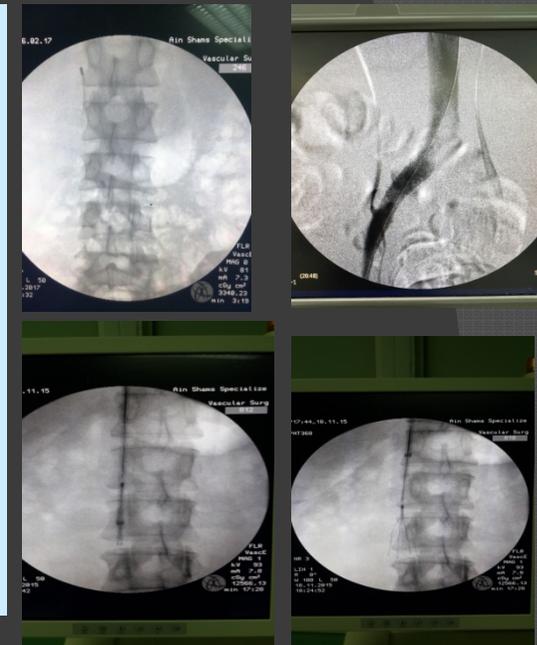
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Methods

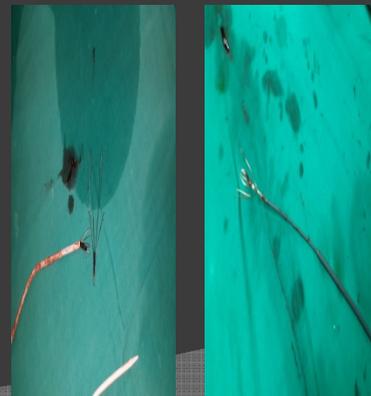
A prospective randomized cohort study. It took place at Ain Shams University hospitals between 2014 to 2017.

30 cases with Lt Lower limbs extensive ilio-femoral DVT (<14 days) were treated by catheter directed thrombolysis only with no role for pharmaco-mechanical procedures. first angiography after starting CDTs was done after 24 h to do “ lysis check” followed by another session if not completely resolved. IVC filter usage for 15 cases (high risk group). They are retrievable type and were removed later on not immediately. IVC filter loading by emboli was divided into (small < 1/3 the diameter) and (large > 1/3). Follow up was done for development of pulmonary embolism intra or post operative within 48 hrs and at interval 3,6,9 months by duplex study study to assess recanalization and valve incompetence with CT venography for IVC to assess the filter pre retrieval.



Results

30 cases were collected and divided into 15 without use of IVC filter and 15 cases used it . Only 3 cases have large embolic load in IVC(>1/3) and these patients had positive risk factors (OCP , previous history of DVT and extension of DVT to IVC). 28 cases had successful lysis while 2 patients complicated and aborted (one Had hemorrhagic ovarian cyst and the other had retroperitoeneal hematoma).1 case had major complication and needed reintervention due to thrombosed iliac stents and 2 cases had minor ones.6 cases with IVC filter failed to be retrieved .2 cases without IVC filter developed pulmonary embolism.



Conclusion

IVC insertion is not recommended for patient with extensive iliofemoral DVT who received thrombolysis except for those who have high risk factors or previous history of P.E.