Peripheral vascular diseases
Extended Abstract

Patients with venous thromboembolism: analysis of a single-center registry

Josip Stjepanović1, Mislav Puljević2,3*, Ana Šutalo2, Mia Dubravčić Došen2, Majda Vrkić Kirhmajer2,3

1Croatian Institute of Emergency Medicine, Zagreb, Croatia
2University Hospital Centre Zagreb, Zagreb, Croatia
3University of Zagreb, School of Medicine, Zagreb, Croatia

KEYWORDS: deep vein thrombosis, registry, novel oral anticoagulants, low molecular weight heparin, warfarin.


*ADDRESS FOR CORRESPONDENCE: Mislav Puljević, Klinički bolnički centar Zagreb, Kišpatićeva 12, HR-10000 Zagreb, Croatia / Phone: +385-91-4680-414 / E-mail: puljevicmislav@gmail.com

ORCID: Josip Stjepanovic, https://orcid.org/0000-0002-3146-9704 • Mislav Puljević, https://orcid.org/0000-0003-1477-2581
Ana Sutalo, https://orcid.org/0000-0002-7644-6362 • Mia Dubravčić, https://orcid.org/0000-0003-0441-4772
Majda Vrkić Kirhmajer, https://orcid.org/0000-0002-1340-1917

We analyzed the register in which the etiology of deep vein thrombosis, recurrence, localization of thrombus, complications, primary and secondary treatment and finally treatment complications were listed. The register includes 730 patients treated at the Department of Cardiovascular Diseases in University Hospital Centre (UHC) Zagreb, from 2016 to 2022. Men (49.86%) and women (50.14%) are equally represented in the register. The average age of men is 65, while the average age of women is 72. The age range of patients registered is the same for both sexes, ranged from 21 to 100 years old. Data show that COVID-19, with 20% of the total etiology, is the leading known risk factor for deep vein thrombosis. Compared to previous results, 14% more patients initially had deep vein thrombosis (DVT). No major differences were observed in the localization of the thrombus, with the femoral vein (38%) in first place compared to the previously most common localization, the popliteal vein (27%). Of all hospitalized patients with DVT, 72% did not develop any complications, while pulmonary embolism (PE) was manifested in 28% of those hospitalized. 25% patients presented immediately with PE. The initial treatment of patients with DVT and PE was predominantly (89%) with low molecular weight heparin. In secondary prevention 65% of patients were treated with novel oral anticoagulants (NOAC), which represents an increase in treatment with modern therapy compared to previous data in registry (9%). There was no complication in 98% of patients treated with NOAC, while the remaining patients experienced bleeding (1%), thrombosis and heparin-induced thrombocytopenia (<1%). When comparing the older registry data (2017) and the current one, it is observed that the average age of patients has increased. The average age for men increased by 6 years, while for women it increased by 4 years. There is also a significant increase in the frequency of prescribing NOAC.

LITERATURE