



## Midterm Outcomes in Postpartum Women Following Endovenous Treatment for Acute Deep Vein Thrombosis

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CHICAGO, Ill., Feb. 20, 2020 – Postpartum women undergoing catheter-directed thrombolysis and stenting for acute iliofemoral deep vein thrombosis (DVT) may be more likely to suffer stent occlusion and require reintervention, according to a single-center review published in the March edition of the *Journal of Vascular Surgery: Venous and Lymphatic Disorders* (JVSVL).

“Milk leg,” another name for the condition, is an unwelcome visitor for a new mother. Pregnancy increases the risk of venous thrombus embolism four- to five-fold and thrombotic events are the leading cause of maternal mortality. Up to 70 percent of peripartum patients report symptoms of post-thrombotic syndrome and a poorer quality of life following this devastating event.

“Despite the benefits of early catheter-directed thrombolysis and stenting for iliofemoral DVT in non-pregnant women, subcutaneous and oral anticoagulation continue to be the most used form of treatment in pregnancy and the puerperium owing to perceived increased risks to mother and fetus,” said first author Katalin Lestak, MBBS, BSc, King’s College London.

“Due to a lack of inclusion of pregnant patients in large randomized trials, including the most recent ATTRACT (Acute Venous Thrombosis: Thrombus Removal with Adjunctive Catheter-Directed Thrombolysis) study, data is scarce for this patient population, continued Lestak. “Our study characterizes the management of these patients by examining the outcomes of postpartum women with iliofemoral DVT who underwent percutaneous thrombolysis and stenting.”

This retrospective study encompassed all postpartum patients treated for acute iliofemoral DVT with lysis and stenting between 2012 and 2017. Characteristics of the 11 postpartum women studied included a median age of 28 (range of 22-41) and intervention performed at a median of three weeks (range of two-12 weeks) after birth.

Patients experienced no major or minor complications during treatment, mild symptoms of post-thrombotic syndrome (PTS) (in two patients) and no moderate or severe symptoms of PTS. However, compared to a control group of 68 nonpostpartum women undergoing similar treatment, the study population experienced worse cumulative stent patency (64 percent versus 93 percent at one year) and higher reintervention rate (six of 11 versus 20 of 68 at one year).

“Acute iliofemoral DVT and severity of PTS continue to be a significant problem within the pregnant and postpartum population,” added principal investigator Stephen Black, MBBS, M.D. King’s College London. “Percutaneous intervention provides a favorable alternative to conservative therapies owing to its potential to decrease the severity of PTS in a young and at-risk population.”

In studying mechanisms for stent failure in this population, Black notes a higher incidence of incomplete clot lysis and removal. “Completion of lysis and adequate stenting of disease is essential to prevent reocclusion for which reintervention carries a lower likelihood of success.”

This study provides a glimpse into the outcomes of therapy for this understudied patient population, authors said.

To read the complete article visit: <http://visit.news/jvs8> .

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