New therapeutic strategies for recurrent deep vein thrombosis complicated to pulmonary embolism inside secondary antiphospholipid syndrome

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Goal: The incidence of deep vein thrombosis (DVT) and pulmonary embolism (PE) is very high, if the patient associates an antiphospholipid syndrome (APS). The traditional oral anticoagulants do not provide, for all the patients, a cessation of the thrombotic process relapse, so new strategies are necessary.¹⁻³

Patients and Methods: The study included 39 patients with previous PE and recurrent DVT; they had also APS and systemic lupus erythematosus. The patients were monitored 24 months, after the diagnosis of recurrent DVT. The following were performed, every 3 months: the clinical examination, electrocardiogram, echocardiogram, vascular sonography and laboratory findings. Echocardiogram was performed every 6 months and antiphospholipid antibodies were determined at the beginning of the study. Computed tomography pulmonary angiogram was done for the firm diagnosis of PE, before our study beginning. The patients were included in the study after the emergency treatment for PE and after the relapse of DVT. Long-term treatment, after the relapse, consisted in acenocumarol and sulodexide.

Results: Addition of sulodexide to acenocumarol reduced the incidence of recurrent DVT, after first relapse. Only 8% from our patients, $p < 0.001$, had another episode of DVT, after associated treatment (acenocumarol and sulodexide). These last percentage received higher doses of acenocumarol (for a target index normalized ratio INR ≥ 3).

Conclusion: High risk of life – treating events in this fragile category required new strategies. According to deontological reasons, control group could not be composed (only acenocumarol treated), because all the patients had a high probability of a new PE. Only 3 minor hemorrhages occurred at this association. Future studies are necessary with novel oral anticoagulants, in order to sustain their superior efficiency in antiphospholipid syndrome, complicated with venous thromboembolism.

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LITERATURE

1. Andreozzi GM. Sulodexide in the treatment of chronic venous disease. Am J Cardiovasc Drugs. 2012;12(2):73-81.
DOI: <http://dx.doi.org/10.2165/11599360-000000000-00002>.
2. Cervera R, Piette JC, Font J, Khamashta MA, Shoenfeld Y, Camps MT, et al; Euro-Phospholipid Project Group.. Antiphospholipid syndrome: clinical and immunologic manifestations and patterns of disease expression in a cohort of 1000 patients. Arthritis Rheum. 2002;46(4):1019-27.
DOI: <http://dx.doi.org/10.1002/art.10187>
3. Farmer-Boatwright MK, Roubey RA. Venous thrombosis in the antiphospholipid syndrome. Arterioscler Thromb Vasc Biol. 2009;29(3):321-5.
DOI: <http://dx.doi.org/10.1161/ATVBAHA.108.182204>