

“...evaluate safety and efficacy of AC in treating CVC-related VT, we retrospectively compared outcomes of acute leukemia patients who were treated or not-treated with AC during induction chemotherapy and post-discharge.” Oliver et al (2014).

Reference:

Oliver, N., Short, B., Thein, M., Duong, V.H., Tidwell, M.L., Sausville, E.A., Baer, M.R., Kamangar, F. and Emadi, A. (2014) Treatment of Catheter-related Deep Vein Thrombosis in Acute Leukemia Patients with Anticoagulation. *Leukemia & Lymphoma*. November 7:1-16. .

Managing catheter-related DVT in acute leukaemia patients [@ivteam](http://ctt.ec/abi_s+) #ivteam

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Abstract:

Acute leukemia patients develop venous thrombosis (VT) related to central venous catheters (CVC). Anticoagulation (AC) in these patients who are thrombocytopenic and often coagulopathic is challenging. To evaluate safety and efficacy of AC in treating CVC-related VT, we retrospectively compared outcomes of acute leukemia patients who were treated or not-treated with AC during induction chemotherapy and post-discharge. Twenty-one patients with CVC-related VT received AC, fourteen did not. VT resolved in 80% of patients in AC group (similarly with low-dose and high-dose enoxaparin) and 45% in non-AC group ( $p=0.11$ ). Fourteen (67%) patients in AC group are alive (median survival not reached), compared to four patients (29%) in non-AC group (median survival 9 months) ( $p=0.015$ ) with a hazard ratio (HR) of 0.32 (95%CI:0.12-0.85) in favor of AC. HR remained

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