



**Abstract** Y. Chen, M. J. Agre, S. M. Keohayashi, Registry of Yamashita et al, T.,

INTRODUCTION: There is a paucity of data on patients with deep vein thrombosis (DVT) in upper extremities. Y., Sasa, T., Sakamoto, J., Kinoshita, M., Fogi, K., Mabuchi, H.,

Takabayashi, K., Yoshikawa, Y., Shiomi, H., Kato, T., Makiyama, T., MATERIALS AND METHODS: The COMMAND VTE Registry is a retrospective multicenter registry enrolling 3027 consecutive patients with acute symptomatic venous thromboembolism (VTE) in long-term outcomes from the COMMAND VTE Registry, Thrombosis Research, February 25th. DVT.

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RESULTS: There were 74 patients (3.0%) with upper extremities



2424 patients with lower extremities DVT. Patients with upper extremities DVT more often had active cancer (58%) and central venous catheter use (22%). The proportion of concomitant pulmonary embolism at diagnosis was lower in patients with upper extremities DVT than in those with lower extremities DVT (14% and 51%,  $P < 0.001$ ). Discontinuation of anticoagulation therapy was

more frequent in patients with upper extremities DVT (63.8% and 29.8% at 1-year,  $P < 0.001$ ). The cumulative 3-year incidence of recurrent VTE was not different between the 2 groups (9.8% and 7.4%,  $P = 0.43$ ). After adjusting confounders, the risks of upper extremities DVT relative to lower extremities DVT for recurrent VTE remained insignificant (HR 0.94, 95%CI 0.36-2.01,  $P = 0.89$ ).

**CONCLUSIONS:** The prevalence of patients with DVT in upper extremities was 3.0% in the current large-scale real-world registry. Patients with DVT in upper extremities more often had active cancer at diagnosis and central venous catheter use as a transient risk factor for VTE, and less often had concomitant PE. Patients with DVT in upper extremities had similar long-term risk for recurrent VTE as those with DVT in lower extremities despite shorter duration of anticoagulation.

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Reference: