“Most central venous catheter (CVC)-related deep vein thromboses (DVT) are asymptomatic and their incidence and clinical relevance are still under debate” Boddi et al (2015).

Reference:


Catheter-related thrombosis and fibrin sheath in cancer patients http://ctt.ec/w54dY+ @ivteam #ivteam

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Abstract:

BACKGROUND: Most central venous catheter (CVC)-related deep vein thromboses (DVT) are asymptomatic and their incidence and clinical relevance are still under debate. Data on CVC-related fibrin sheaths are scarce. We investigated the incidence of asymptomatic DVT and fibrin sheaths in cancer patients with long term CVC implantation who underwent Doppler ultrasound surveillance at 1, 6 and 12 months after implantation. Effects of low weight molecular heparin (LWMH) therapy on DVT and fibrin sheaths were also analyzed.

MATERIAL AND METHODS: This prospective study was performed on a large cohort (n=400) of cancer patients aged >18 requiring long-term CVC implantation for chemotherapy infusion. CVC were implanted by a trained qualified staff, according to standardized protocol in a specific surgery. Patients underwent ultrasound examination at 1 and 6 months after CVC implantation in order to detect “early” (1 month) and “late” (6 months) asymptomatic DVT or fibrin sheaths incidence. Sixty-nine patients underwent US examination also 12 months after CVC implantation.

RESULTS: The incidence of CVC-related thrombosis was 0.10 events per 1000 catheter days. Anticoagulation therapy with LWMH resolved 50% of DVT, but no CVC needed removing. Incidence of new-onset fibrin sheaths was 0.71 events per 1000 catheter days. Fibrin sheaths
resolution occurred independently of LWMH therapy.

DISCUSSION: The incidence of asymptomatic DVT in our patients with long term CVC is very low and does not represent per se an indication for removal of functioning CVC in cancer patients. Fibrin sheaths are frequent (13%) and never associated to CVC dysfunction.

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