The prevalence of patients with DVT in upper extremities was 3.0% in the current large-scale real-world registry (Yamashita et al. 2019). 

**INTRODUCTION:** There is a paucity of data on patients with deep vein thrombosis (DVT) in upper extremities.

**MATERIALS AND METHODS:** The COMMAND VTE Registry is a retrospective multicenter registry enrolling 3027 consecutive patients with acute symptomatic venous thromboembolism (VTE) in Japan. The current study population included 2498 patients with upper or lower extremities DVT.

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