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# CLINICAL CHARACTERISTICS OF ANTICOAGULATED PATIENTS PRESENTING WITH SUSPECTED RECURRENT IPSILATERAL DEEP VEIN THROMBOSIS

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## **Background**

In a recent prospective management study (Theia study), patients with suspected ipsilateral recurrent deep vein thrombosis (IR-DVT) were examined using magnetic resonance direct thrombus imaging (MRDTI). Management was based on MRDTI results. Patients were followed for symptomatic VTE, major bleeding and mortality over 3 months.

## **Methods**

This is a post-hoc analysis of the Theia study population with focus on patients with anticoagulation treatment at inclusion. Data was collected from predefined study inclusion protocols of the study. Medical charts and radiology reports were reviewed for all cases. The primary aim was to describe the characteristics and management of patients who had anticoagulant treatment at inclusion.

## **Results**

68 (22%) patients had anticoagulant treatment at inclusion. Of these patients, 54% had two to three previous episodes of DVT and 16% had four or more. Reference ultrasonography was available for 60% of patients with and 41% of patients without anticoagulation. However, the proportion of abnormal reference examinations was similar. Of patients diagnosed with IR-DVT, D-dimer was positive in 57% on anticoagulant treatment and 90% of those without. Of patients diagnosed with IR-DVT who had anticoagulant treatment at inclusion, 67% were treated with vitamin K antagonists (VKA), 25% with low molecular weight heparin and none with direct oral anticoagulants (DOAC) at follow up. Of the patients without anticoagulant treatment at inclusion who were diagnosed with IR-DVT, 23% were treated with VKA and 62% were treated with DOAC at follow up.

## **Conclusions**

Patients with anticoagulant treatment had a higher number of previous DVT episodes. Reference ultrasounds results were not prognostic for IR-DVT. D-dimer levels were lower for patients on anticoagulant therapy presenting with suspected IR-DVT in comparison to those that had no anticoagulant therapy at inclusion. Vitamin K antagonists were the most common treatment choice in patients on anticoagulant treatment who were diagnosed with IR-DVT.