Top Ten Things To Know
Venous Thromboembolism (VTE) Management

1. Over 250,000 Americans are hospitalized every year with VTE, a significant risk for morbidity and mortality.

2. Recommendations in this paper are based on the evaluation of the body of literature.

3. Practical advice for clinicians is offered to optimize severe VTE management for:
   - Massive and submassive acute pulmonary embolism (PE)
   - Iliofemoral deep vein thrombosis (IFDVT)
   - Chronic thromboembolic pulmonary hypertension (CTEPH)

4. Definitions of the types of acute PE are proposed along with techniques to identify patients at an increased risk for adverse outcomes.

5. Therapies discussed for the different types of acute PE include:
   - Initial anticoagulation
   - Thrombolysis
   - Catheter-based interventions
   - Surgical embolectomy
   - Inferior vena cava filters (IVC)

6. A massive PE in the presence of a patent foramen ovale (PFO) increases the risk of death, ischemic stroke, silent brain infarct, peripheral arterial embolism, and paradoxical embolism. A discussion of screening and management for these patients is included.

7. IFDVT is distinguished from deep venous thrombosis (DVT). IFDVT is associated with an increased risk for poor clinical outcome. Therapies addressed include:
   - Initial and long-term anticoagulant therapy
   - Compression therapy
   - IVC filters for DVT
   - Thromboreductive strategies

8. Over 60% of patients with CTEPH have no history of a prior VTE, so the true incidence is not known. Pulmonary hypertension, right ventricular failure, and if untreated, death, are the end results. Diagnosis, prognosis, medical therapy and pulmonary endarterectomy are discussed.

9. In addition to providing recommendations to guide practice, this paper highlights knowledge gaps in managing acute VTE that should guide future randomized clinical trials.

10. Application of these recommendations should include other factors and the appropriateness for the individual patient based on the judgment of the clinician.

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