

# 5<sup>TH</sup> UMBRELLA

FOCUSED CARDIOLOGY FORUMS

THE ART OF  
**ANTITHROMBOTIC  
THERAPY**

IN DAILY CARDIOVASCULAR PRACTICE

**4<sup>th</sup> Panel**

**Antithrombotic therapy in VTE  
(DVT/PE)**

Panelist Experts

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DAILY  
CARDIOLOGY  
ACADEMY



# Learning Objectives

- Importance of new definitions and Classification of VTE
  - Distal versus proximal DVT
  - Transient, and reversible causes
  - High, intermediate, and Low-Risk PE
  - Segmental and subsegmental PE
- Initial treatment
  - Indications for hospital admission
  - Initial choice of treatment (IV/Oral)
  - Indication for Catheter-directed thrombolysis
  - Indication for IVC filter

## Learning Objectives (cont.)

- Duration of treatment
  - Duration of Anti-thrombotic therapy
  - Indication for reduced dosed use
  - Indication and anticoagulation dosage in extended therapy
- Indication for thrombophilia tests?
  - Which lab test? What are the implications of the results?

## Learning Objectives (cont.)

- Recurrence vs failure
  - Diagnosis
  - Choice of treatment
- Special population
  - Perioperative management of patient during anticoagulant therapy
  - Cancer-associated VTE
  - catheter-associated VTE
  - Pregnancy and VTE

## Case Vignette 1:

- 48/F with hx of severe low back pain, candidate for conservative therapy,
- After 1 week of bed rest at home, she presented with right lower leg swelling and pain.
- DUS revealed non-compressible venous system in the right leg, from external iliac vein to popliteal vein.
- PMH: unremarkable
- Family Hx: unremarkable
- Drug history: Low dose contraceptive daily

## Questions of Case 1:

- Choice of initial treatment?
- Indication for CDT?
- Choice of outpatient treatment?  
(Continued)

## Questions of Case 1 (cont.) :

- Duration of therapy?
- Do you recommend any further test?  
Echocardiography? Pulmonary CTA?
- Indication for thrombophilia tests?

## Case Vignette 2:

- 58/F with breast cancer, one week after Permacath insertion for a new course of treatment with new-onset SOB at rest, elevated D-dimer, normal troponin, and normal DUS. Afebrile, without distress
- PMH: unremarkable
- Family Hx: unremarkable  
(Continued)

## Case Vignette 2 (cont.):

- ECG: Sinus tachycardia, otherwise normal
- Echo: EF=55%, Mild MR, Mild to Moderate TR, Mild RV enlargement, sPAP=35 mmHg
- Pulmonary CT Angiography: filling defect in Right pulmonary artery, filling defect at the SVC, suspected clot attached to the tip of Permacath.

## Questions of Case 2:

- Choice of initial treatment?
- Choice of outpatient treatment?
- Duration of therapy?
- Do you recommend catheter removal of thrombosis?

# PANEL DISCUSSION

Stay tuned for the 5th Umbrella

<https://B2n.ir/Umbrella5th>

