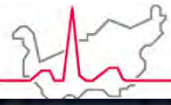




Hôpital du Valais
Spital Wallis

Traitement invasif des TVP

Dr Daniel Danzer

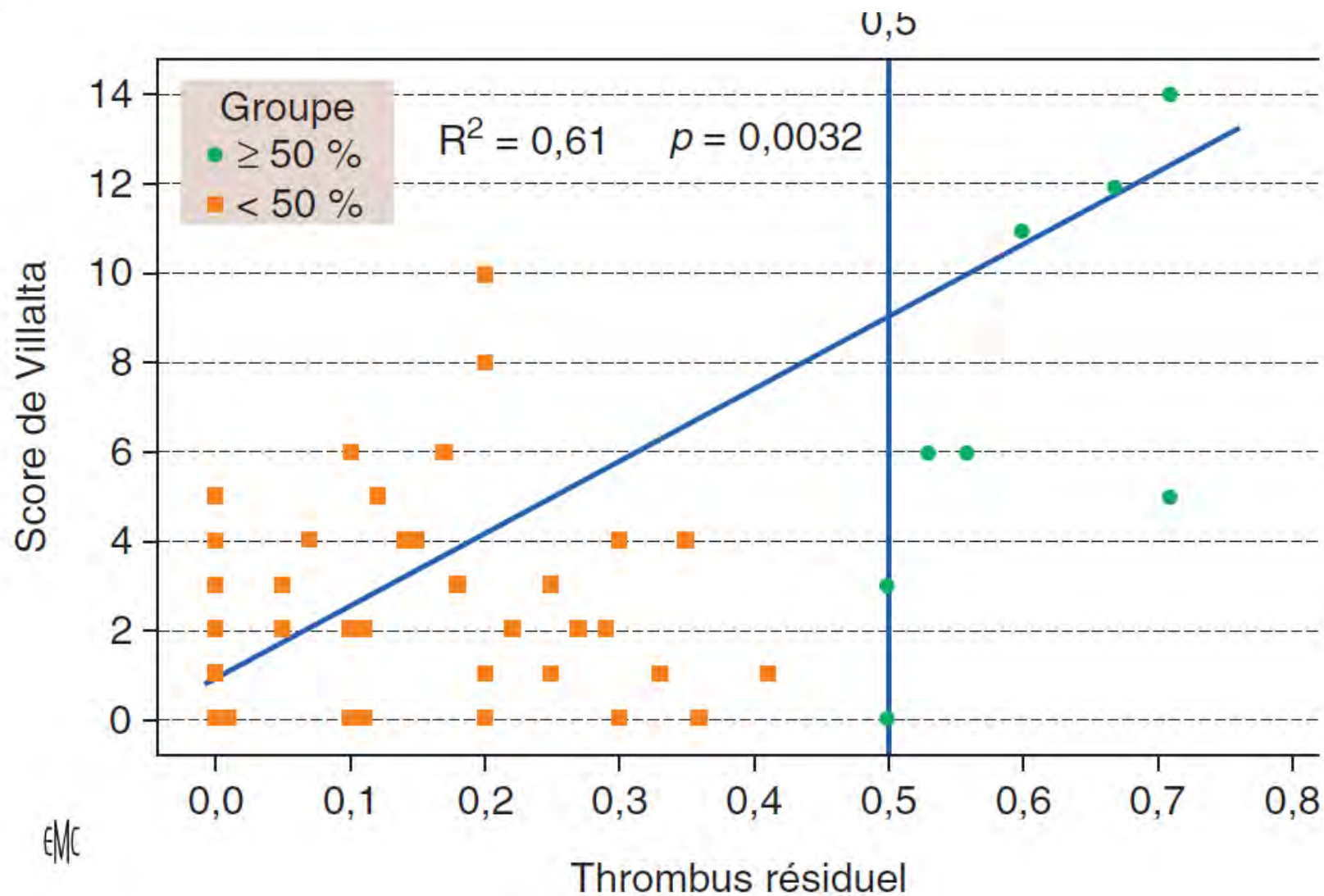


Au menu...



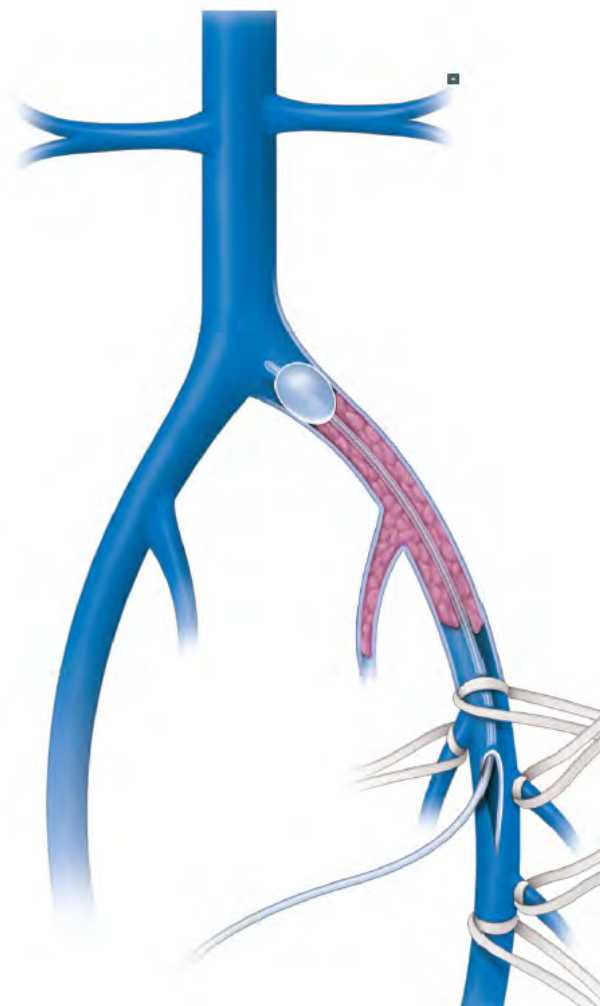
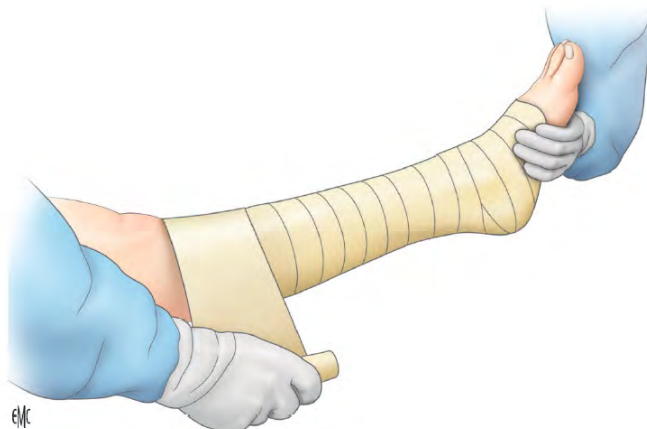
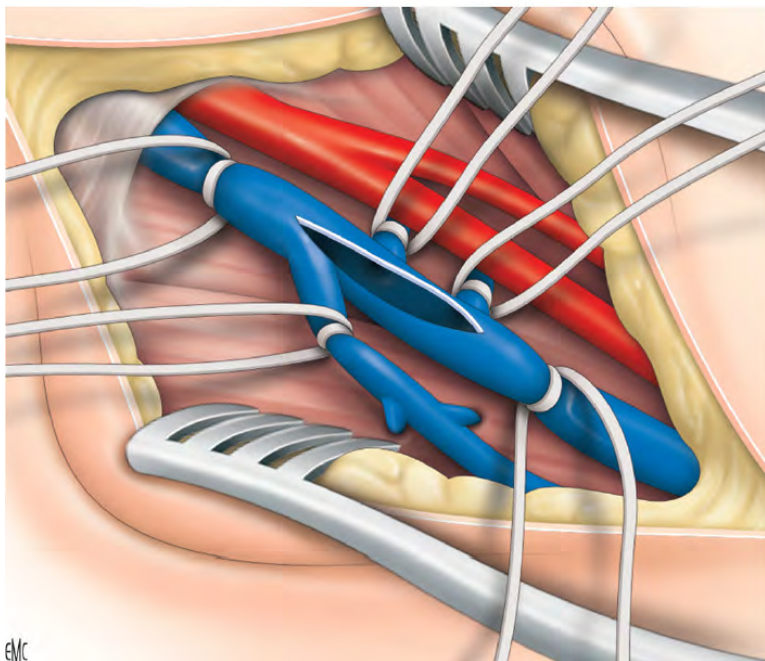


Corrélation thrombus résiduel et SPT



Symptômes subjectifs (patient)	Signes objectifs (médecin)
<ul style="list-style-type: none"> • Lourdeur • Douleur • Crampes • Prurit • Paresthésies 	<ul style="list-style-type: none"> • Œdème • Douleur à la pression des mollets • Induration de la peau • Hyperpigmentation • Rougeur
<p>Pour chaque symptôme ou signe, des points sont attribués: 0 = absent, 1 = léger, 2 = modéré, 3 = sévère, ulcère présent = 1 ; ulcère absent = 0.</p> <p>Interprétation: score ≤ 4: absence de SPT, 5-14: SPT modéré, 10-14: SPT intermédiaire, ≥ 15: SPT sévère ou ulcère présent.</p>	

Thrombectomie chirurgicale



Thrombectomie chirurgicale

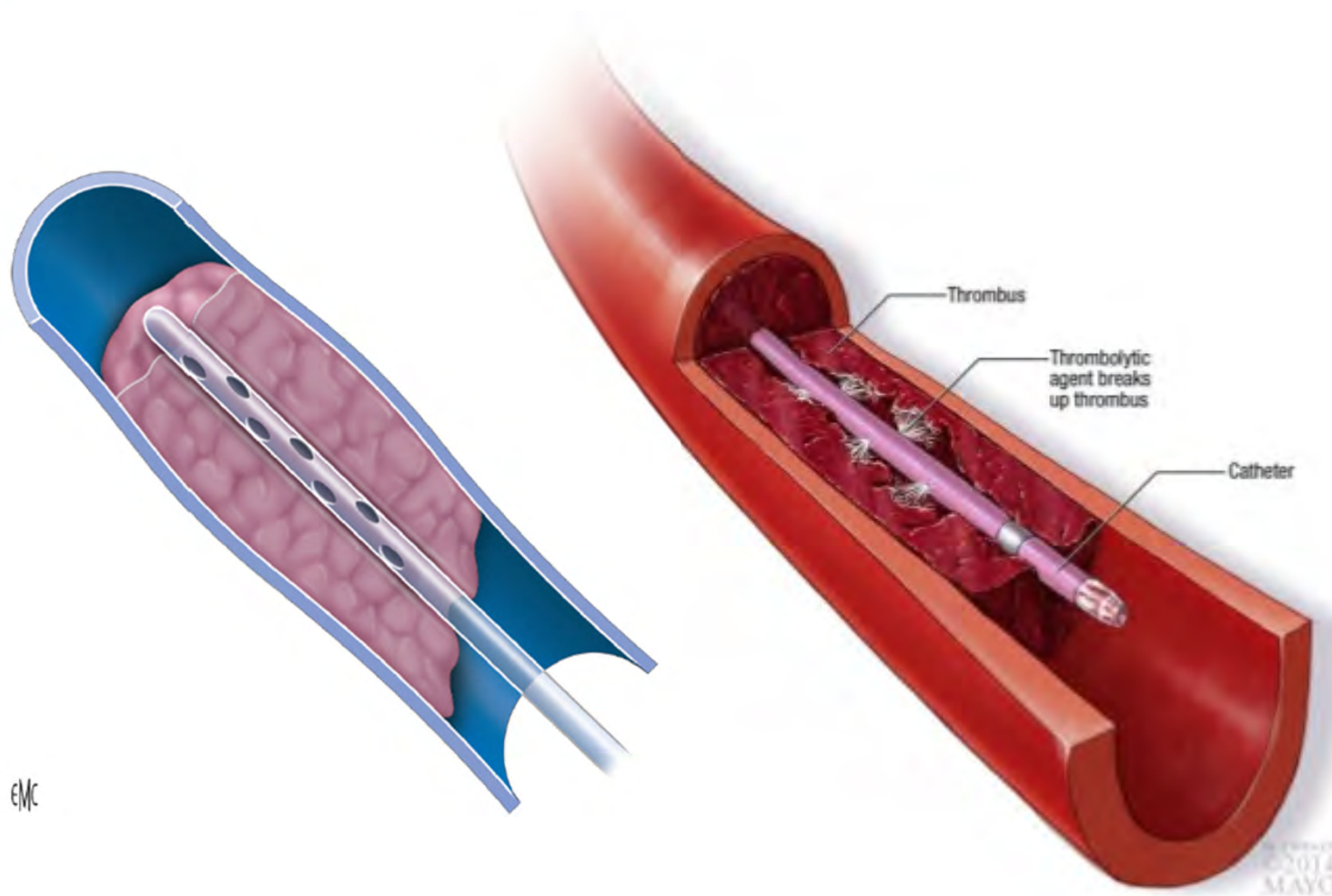
- **Résultats à 5-10ans**

- SPT 0-20%

Oeckert al al Ann Vasc 2018, Lindow EJEVS 2010

- **Complic: rethrombose précoce, complications locales**
- **Actuellement surtout réservée au contre indication à la thrombolyse...dommage**

Thrombolyse in situ



Charge thrombotique élevée:
Quantité rtPa vs thrombus résiduel



Thrombolyse par KT,

	Additional catheter-directed thrombolysis (n=90)		Standard treatment only (n=99)		p value*
	n	% (95% CI)	n	% (95% CI)	
Post-thrombotic syndrome at 24 months†	37	41.1% (31.5–51.4)	55	55.6% (45.7–65.0)	0.047
Iliofemoral patency at 6 months†‡	58	65.9% (55.5–75.0)	45	47.4% (37.6–57.3)	0.012
Post-thrombotic syndrome at 6 months§	27	30.3% (21.8–40.5)	32	32.2% (23.9–42.1)	0.77

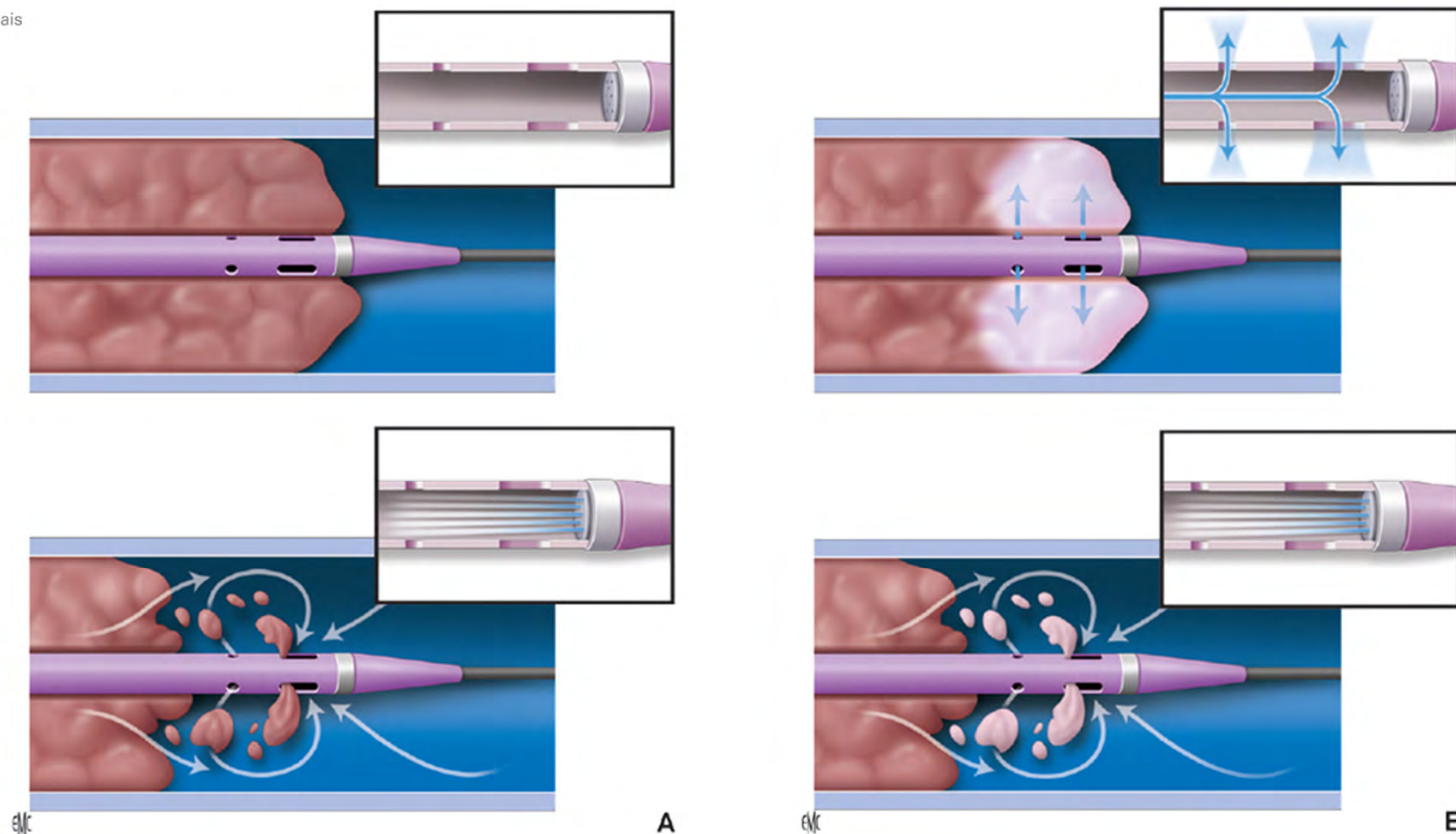
Post-thrombotic syndrome defined as Villalta score of 5 points or higher. * χ^2 test. †Co-primary outcomes. ‡Five patients had inconclusive patency assessments and one was lost to follow-up at 6 months. §Secondary outcome.

Table 2: Short-term and long-term outcomes

Risque hémorragique considéré comme élevé

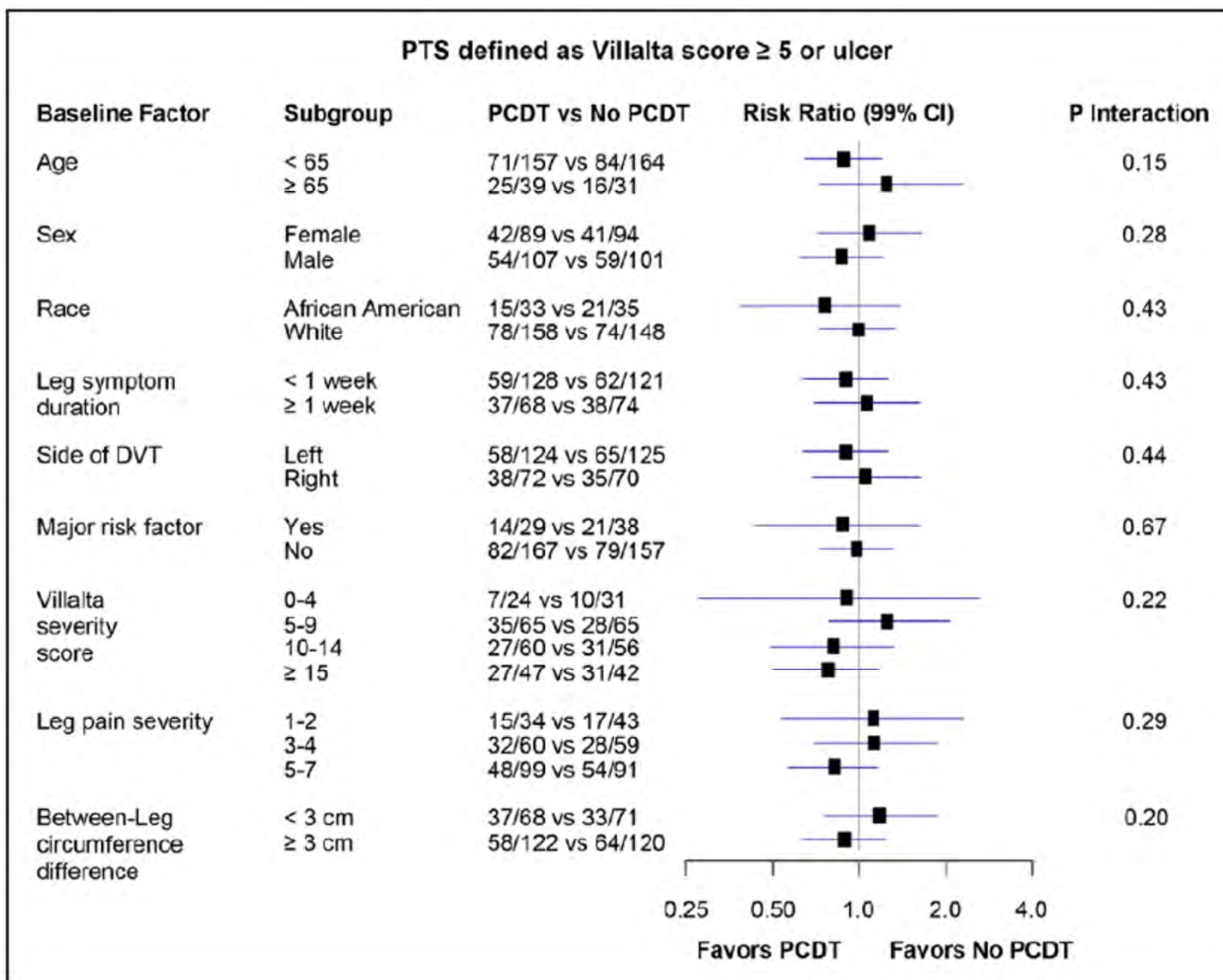
CaVenT Lancet 2012

Thrombectomie pharmaco mécanique



Réduction théorique de la charge thrombotique

Pharmaco mécanique



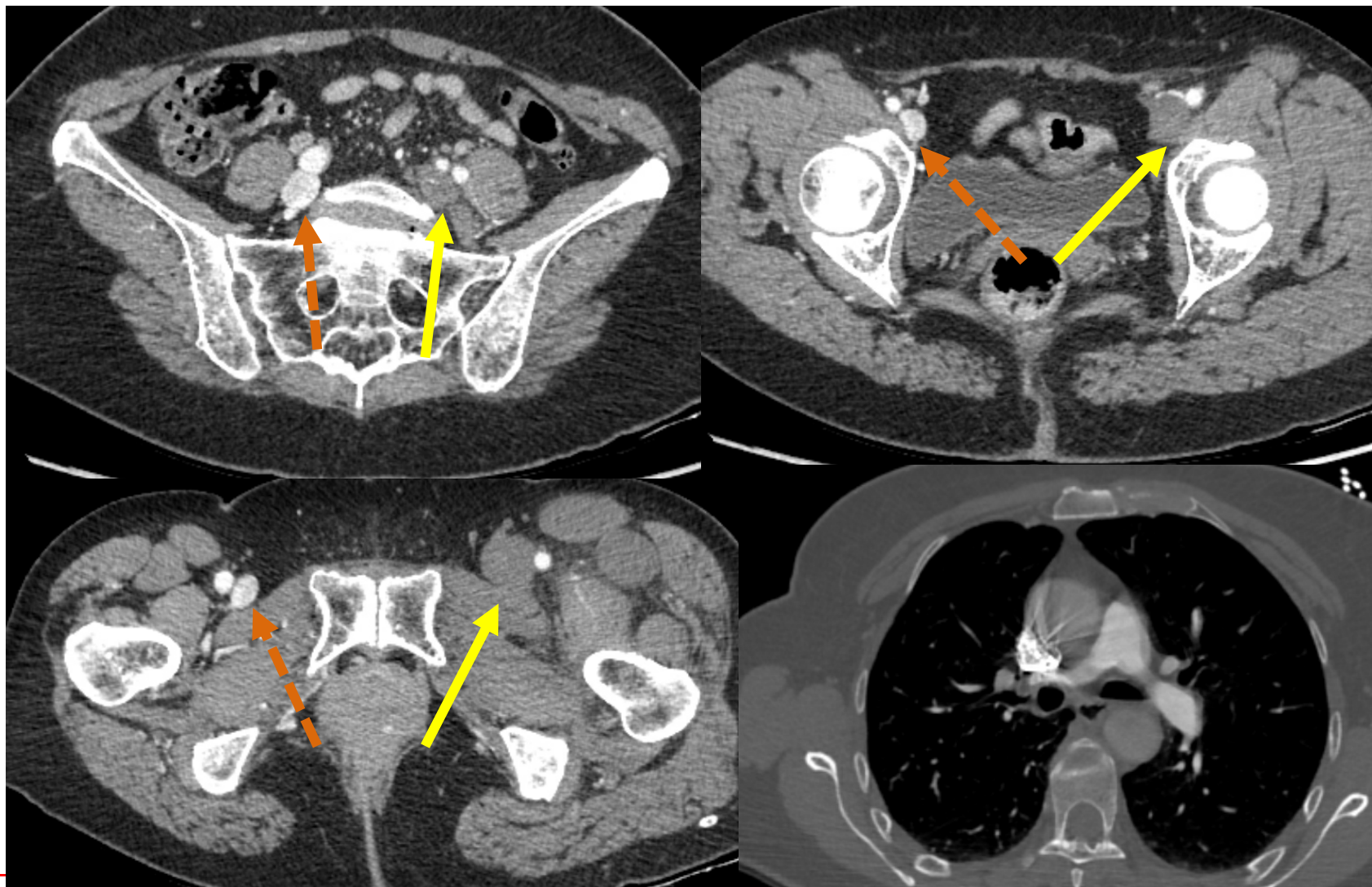
- “...To this physician-investigator, this means that most DVT patients do not need thrombolysis. Rather, consideration for PCDT should focus on patients who are highly symptomatic with acute iliofemoral DVT despite initial anticoagulant therapy, < 65 years of age, with low bleeding risk, who understand the risks and desire a more active treatment approach.»

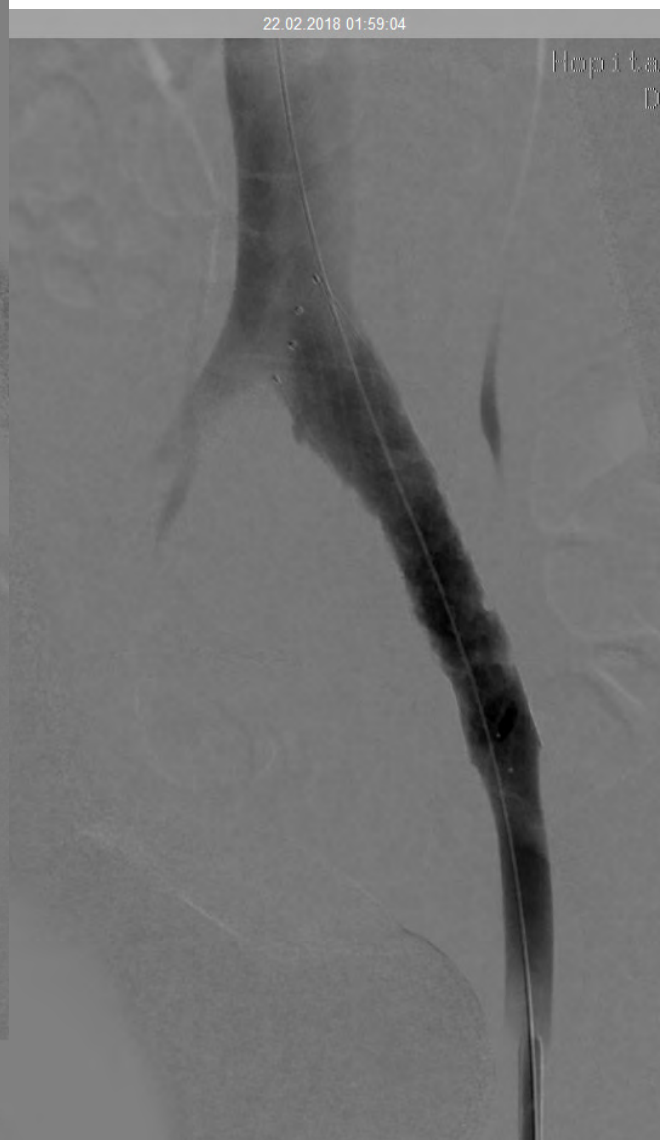
Suresh Vedantham PI
ATTRACT Trial, EJEVS 2018

- (1) the use of PCDT is associated with lower thrombus burden at 1 month and likely also at 12 months;
- (2) a thrombus-free CFV at 1 month is associated with improved 24-month clinical outcomes, including PTS, moderate-or-severe PTS, and QOL, but the same is not true for a thrombus-free femoral-popliteal venous segment;
- (3) in patients presenting with CFV thrombus, successful restoration of full CFV compressibility during the first month is associated with reduced PTS and improved QOL, and possibly also with reduced moderate- or-severe PTS;
- (4) the use of PCDT is not associated with less venous valvular reflux (deep or superficial) at 12 months; and
- (5) venous valvular reflux appears to play a role in progression to moderate-or-severe PTS.

- **12 patients opérés depuis 2015**
- **Pas de complications majeures sauf reprises pour rethromboses**
- **Age moyen 56 ans (27-70)**
- **TT hybride (Stent iliaque)**

TVP aigue, douleurs de repos, 61 ans





Prise en charge

- **Le plus précoce possible (<10j), rethrombose dans les cas plus tardifs.**
- **US spécialisé pour évaluer extension caudale**
- **PhleboCT et pulm**
- **Thrombectomie chirurgicale hybride puis anticoagulation**

- **CAVE:**
- **Néoplasie ou Maladie concomittante**
- **Thrombophile +/- candidat**
- **TVP au moins ilio-fémorale (TVP jambière ou fémorale isolée sans atteinte du carrefour exclue)**
- **Risque de SPT élevé (critère subjectifs...)**
- **→ Minorité de patients**

QUALITÉ

~~QUANTITÉ~~

Take Home

- **TVP aigue mérite une évaluation rapide multidisciplinaire angio/hémato+/-chirurgicale**
- **Pas une urgence nocturne dans la plupart des cas.**
- **Le tt invasif percutané pas encore vraiment performant**
- **Traitement chirurgical reste d'actualité**