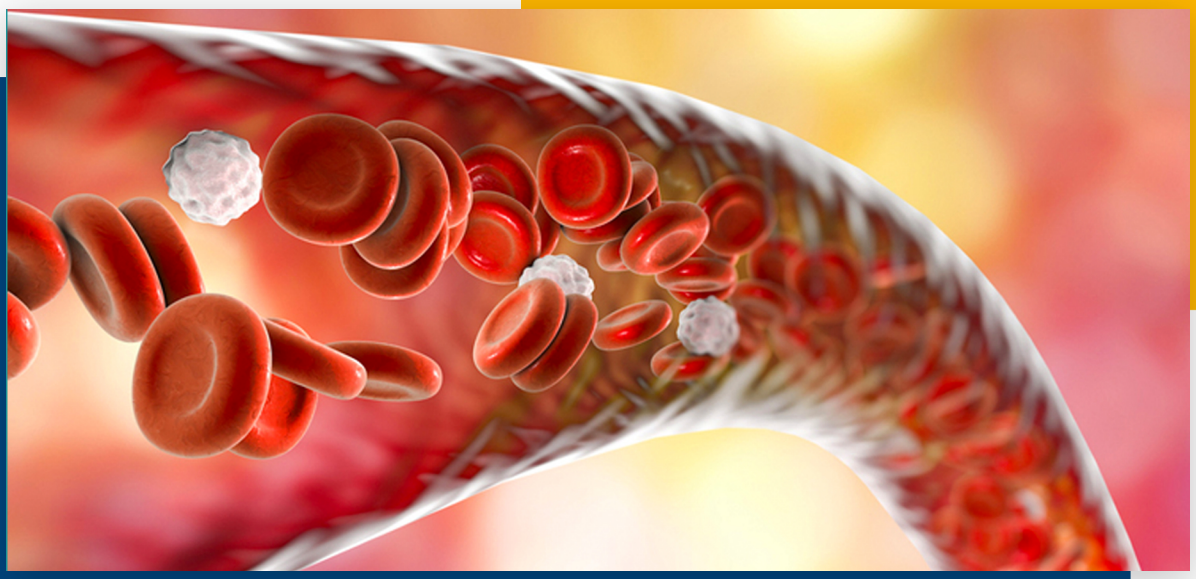


EGYPTIAN VENOUS NEWSLETTER

MARCH 2021 - VOL. 1

This Issue is Sponsored by: ROYAL VASCULAR CENTER

On behalf of Egyptian Venous Forum I welcome all Phlebology collogues along the universe to follow our 1st bi-monthly newsletter for the year 2021.

We tried to bring what's new to share and get your regular feedback and ideas to keep the momentum of providing the approved new technology and studies to all friends.

M. Ayman Fakhry

Prof. M. Ayman Fakhry
EVF Chariman

Prof. Joseph A. Caprini, MD, MS, FACS, RVT, DFSVS
Emeritus, NorthShore University Health System Evanston, IL 60201
Senior Clinician Educator, Pritzker School of Medicine

THROMBOSIS PROPHYLAXIS IN VARICOSE VEIN PATIENTS

Patient Evaluation and Degree of Risk

"Don't Treat a Stranger" by this advice Professor Caprini ended his lecture reminding all doctors to better evaluate their patients and assess their risk factors before planning to surgery. He put this RAM and the schema for using it for prophylaxis to VTE after varicose veins ablation; also gave the ideas to consider time of operation, supine position with extended knees of the patient in theater, general and spinal anasethia as factors increase the VTE risk to the patient. Pelvic veins pathology and its connection to lower limb varicosities may also be another factor that increases the risk and should be also evaluated thoroughly for tailoring the proper management of the patient.

As it was shown in metanalysis published by **Pannucci**, et. al 2017
"Failure to provide anticoagulant prophylaxis for outpatient surgery in patients with high Caprini scores may be a fatal error ????
Until this theory is disproven it may be wise to use prophylaxis.
Death from anticoagulant prophylaxis rare.
Death from fatal PE common in high-risk patients."

So; to treat the patient of varicose veins you should decrease the incidence of post-operative complications epically venous thrombosis and by applying this RAM you can safely reach your goals.

CAPRINI'S SAPHENOUS ABLATION SCORE

I- Age & History	*II- Procedure &History*
Age > 40 years = 1	Ablation = 1*
Age > 60 years = 2	Phlebectomy = 1*
Age > 75 years = 3	Varicose veins = 1
BMI > 25 = 1	Leg swelling = 1
History of cancer = 2	History SVT = 3
Contraceptives or hormone therapy = 1	History DVT = 3
Pregnancy or postpartum (1 month) = 1	Family history DVT = 3
History of obstetrical complications = 1	Personal or family thrombophilia defect = 3
	Procedures lasting a total of > 45 minutes score as 2

SUGGESTED SCHEMA FOR PROPHYLAXIS

Risk	Caprini Score	Prophylaxis
Low	1-4	Compression Stockings
Moderate	5-8	Compression Stockings + LMWH 7-10 days
High	9+	Compression + LMWH 7-10 days + Duplex scan before stopping LMWH

Suggest 14-28 Days Of Prophylaxis For History Or Family History Of Thrombosis Or Thrombophilia Regardless Of Score

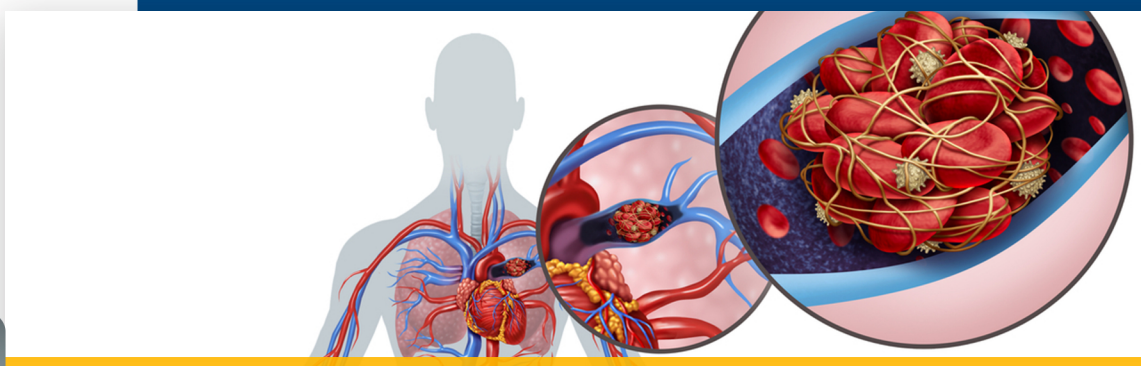
DOACS IN CHILDREN

UK approved oral factor Xa inhibitor to treat and prevent recurrence of VTE in children.

UK approved the use of (Rivaroxaban) to treat venous thromboembolism (VTE) and to prevent VTE recurrence in children from birth to below 18 years after at least five days of initial parenteral anticoagulation treatment, including catheter-related thrombosis, cerebral vein, and sinus thrombosis. The use of a new formulation and strength granules for oral suspension 1mg/ml was also approved.

According to a press release from Bayer, rivaroxaban is the first oral Factor Xa Inhibitor approved for pediatric treatment and secondary prevention of VTE. Pediatric VTE typically occurs in severely ill children who need frequent hospitalizations for extended periods of time, leading to these patients being at an increased risk of VTE.

The approval follows a positive opinion from the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency in November 2020, which recommended approval in the European Union. This CHMP recommendation and approval also apply to the UK. Philip Connor, pediatric hematologist at Noah's Ark Children's Hospital for Wales (Cardiff, Wales), said: "This is great news for children and their parents in the UK. VTE in pediatrics is quickly becoming a well-recognized cause of significant morbidity and mortality in children as most children diagnosed with VTE have a serious underlying primary illness such as cancer. Pediatric patients now have a direct oral anticoagulant option that does not require regular injections or monitoring."
"We are delighted that rivaroxaban is now approved for use in children with VTE and for the prevention of recurrent VTE in children in the UK. This provides physicians with an alternative treatment option and the ability to manage this potentially life-threatening condition in a vulnerable patient population group", said Brendon Gray, medical director at Bayer UK.



Prof. Thomas S. Maldonado, MD

Schwartz Buckley Professor of Surgery, Department of Surgery at NYU Grossman School of Medicine
Director, Aortic Center - Medical Director, Venous Thromboembolic Center

PULMONARY EMBOLISM RESPONSE TEAM (PERT): THE NYU EXPERIENCE

The burden of pulmonary embolism

• Approximately 1.1 million people are affected by DVT and/or PE which reaches up to 30% mortality if it left untreated as the highest risk occurs within the first seven days so, Anticoagulation should be initiated immediately and 30% of those who die from PE die from the second clot. The most common cause of death is right ventricular dysfunction.

• Mortality could reach up to 65%i in Massive and PE. Presque measures in form of intravenous or catheter directed thrombolysis and surgical embolectomy could marvelously helpful in such cases as shown in PETHICO trial.

What are PERTs (Pulmonary Embolism Response Teams)?

• There are different models of PERTs exist; all share the nature of Multidisciplinary teams with expertise in the diagnosis and treatment of pulmonary embolism (PE) with a focus on intermediate and high-risk PE and received cases from ED, inpatient floors, ICUs, and in some centers from outside institutions with 24/7 real-time consultation for patients with PE and treatment is tailored to both the patient and capability of institution.

NYU PERT (Multidisciplinary team)

• Pulmonary/ Critical Care
• Interventional Radiology
• Cardiothoracic Surgery
• Cardiology
• Vascular Surgery
• Emergency Medicine

Why are PERTs important?

• Lack of robust clinical data to guide treatment of acute PE, especially sub-massive PE. Current guidelines rely on expert opinion and published guidelines don't give strong recommendations e.g.

- American College of Chest Physicians
- American Heart Association

Due to variability in treatment strategies among providers PERTs can help streamline and standardize the care of patients with acute PE.

This is a true experience that helped to improve the outcome of PE patient and now it is the time to share the idea to apply it in many well equipped institutions.

LETTER TO THE EDITOR

Dear editor,

All currently available filters are considered for use in the IVC; therefore, use in the SVC is considered “off label”.

28 year-old male presented with isolated fractures around the right shoulder and brachial plexus injury following .Few days later, he had brachial vein thrombosis in his immobilized right upper limb. Therapeutic anticoagulation was complicated with retroperitoneal hematoma with further progress of DVT to subclavian vein. SVC filter was considered especially as an important step before fixation and brachial plexus repair. CTV was done to explore further DVT extension and assessing SVC length & diameter. filter placement does have potential complications and may be technically difficult. Thus, risk-benefit should be thoroughly considered could I share experience with colleagues.

Sincerely yours’
Amr Abdel Rahim, MD
Cairo University Hospitals

Dear Professor Amro,

You have a point. IN a series of 41 patients with UEDVT from January 1st 2016 to June 30th 2018. 5 patients 13% underwent SVC filter for prevention against P.E as they were contra-indicated to anti-coagulation. No filter migration, dislodgment nor fracture. Pulmonary pressure after filter insertion was recorded. Followed-up showed no evidence of or superior vena-cava syndrome and P.E.

**This paper awarded the best venous research in Munich vascular conference (MAC – 2018)

Prof. Pier Luigi Antignani
Direttore centro vascolare at Clinica Nuova Villa Claudia, Italy

SVC filter placement is associated with a low incidence of complications with long-term follow-up. These data help to reaffirm the safety and effectiveness of SVC filter placement. However, SVC perforation in young males remains a significant issue

Ann Vasc Surg May-Jun 2009;23(3):350-4

Prof. Victor Canata
VICE President Of the International Union of Phlebology - President of the Paraguayan Society of Phlebology

The incidence of UEDVT thrombosis appears to be increasing with greater awareness and use of central venous catheters with subclinical DVT likely more common than previously understood. Symptoms can vary widely from complete lack of symptoms to limb threatening phlegmasia cerulea dolens. Clinical suspicion should arise in those with the development of unilateral edema or pain, particularly in young athletes, or those with central venous catheters. We must see the problem follow the case and beside the lack of good trials the benefit for the patient is the final goal of the patient and that will include a SVC filter placement

Prof. Omar El-Farouk
Consultant Vascular Surgeon

WHAT I HAD LEARNED FROM LINC 2021

- It was a great success although it was totally virtual with a registration count of 4.694 from more than 70 countries. More than 40 live cases were performed in 17 international centersworldwide,56 sessions took place with 312 lectures.
- Here are few new lessons learned from it
  - Recent update of the ongoing trials on DCB,CTO Venous and others.
  - New era of the Sirolimus –eluting balloon
  - Many debulking devices with great results
  - Meet the expert is a great session where they present how I do it series
  - New imaging tools to perform better vascular visualization and less irradiation
  - Standrization of endovascular creation of Av fistula with demonstration of the technique
  - Artificial intelligence and its impact on vascular surgery and algorithm usage.

INTERNATIONAL VENOUS EVENTS

MARCH 17 - 20 (Virtual)

American Venous Forum (AVF)
Annual Meeting

APRIL 15 - 17 (Virtual)

Venous Symposium 2021

MARCH 19 - 22 (Virtual)

CX 2021 Vascular and Endovascular
Controversies Digital Edition

JUNE 4- 5 (LEUVEN, BELGIUM)

Annual Meeting
Benlux Society of Phlebology

JUNE 24 - 26 (Online)

21st Annual Scientific Meeting of
the European Venous Forum (EVF)

SEPT 25 - 29 (Lisbon, Portugal)

Cardiovascular and Interventional
Radiological Society of Europe (CIRSE)
Annual Meeting 2021

SEPT 28 - 29 (Rotterdam, Netherlands)

European Society for Vascular Surgery
(ESVS) 35th Hybrid Annual Meeting

OCTOBER 3 - 4 (Las Vegas, USA)

The VEINS at VIVA

OCTOBER 7 - 10 (Denver, USA)

35th Annual Congress of the American
Vein & Lymphatic Society (AVLS)

OCTOBER 10 - 14 (Luxor, Egypt)

8th Egyptian Venous Forum
International Congress