

Liječenje venske tromboze u visokorizičnih bolesnika Treatment of deep vein thrombosis in high-risk patients

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Duboka venska tromboza (DVT) u visokorizičnih osjetljivih bolesnika i bolesnika koji se liječe od maligne bolesti povezana je s povećanim morbiditetom i mortalitetom. Fragilni bolesnici i bolesnici kod kojih je tromboza povezana s prisutnom malignom bolešću čine veliku skupinu, više od 50 % u populaciji koja boluje i koja se liječi zbog venske tromboze. Učestalost velikih krvarenja tijekom liječenja antikoagulantnim lijekovima vrlo često dovodi do dilema između sigurnosti liječenja i adekvatnog izbora i doze lijeka. Smjernice za DVT su temelj u dijagnostici i liječenju i čine okvir i pravila za sigurno liječenje DVT.¹⁻³ Autor će u preglednom izlaganju prikazati standarde za liječenje DVT u visokorizičnih bolesnika, prikazati novije publicirane rezultate s ciljem razmatranja novih mogućnosti liječenja. Individualizirani pristup u liječenju venske tromboze je obaveza, ali rezultati randomiziranih studija pokazuju da bi se problem krvarenja u visoko rizičnim skupinama mogao smanjiti primjenom novih antikoagulantnih lijekova, a što znači i ulazak u novu i sigurniju eru u liječenju DVT-a.

Deep venous thrombosis (DVT) in high-risk fragile and cancer patient is associated with increased morbidity and mortality. Fragile patient and cancer associated thrombosis patients are estimated to be large number of more than 50 % in DVT population treated for deep vein thrombosis. Increased incidence of major bleeding during the course of anticoagulant therapy very often create dilemmas between the safe treatment regime, appropriate pharmacotherapy and adequate drug dosage. The DVT guidelines are the state of knowledge in diagnosis and treatment and gave us the frame and rules for safe DVT treatment.¹⁻³ The author will give an overview of DVT treatment standard in high-risk patient and present recent literature data that could increase the awareness and possibilities of new treatment modality. Personalized approach for DVT is mandatory but the results of randomized trials that suggested fewer bleeding events in high-risk patients receiving new anticoagulant drugs might open new and safer era in DVT treatment.

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LITERATURE

1. Becattini C, Agnelli G. Treatment of venous thromboembolism with new anticoagulant agents. *J Am Coll Cardiol.* 2016 Apr 26;67(16):1941-55. <https://doi.org/10.1016/j.jacc.2016.01.072>
2. Moustafa F, Giorgi Pierfranceschi M, Di Micco P, Bucherini E, Lorenzo A, Villalobos A, et al; RIETE Investigators. Clinical outcomes during anticoagulant therapy in fragile patients with venous thromboembolism. *Res Pract Thromb Haemost.* 2017 Sep 4;1(2):172-179. <https://doi.org/10.1002/rth2.12036>
3. Banfić Lj. [Guidelines on diagnosis, treatment and prevention of venous thrombosis]. *Cardiol Croat.* 2016;11(9):351-374. <https://doi.org/10.15836/ccar2016.351>