SUPERFICIAL VENOUS THROMBOSIS RISKS

Emerging evidence has indicated that superficial venous thrombosis (SVT) is often associated with deep vein thrombosis (DVT) or venous thromboembolism, rather than being associated with a benign prognosis, as previously thought. A large, multicenter, epidemiologic cohort study has attempted to elucidate the real risk for venous thromboembolic complications and the benefit of therapies commonly used to reduce this threat in patients with SVT.

At baseline, 844 French patients with symptomatic SVT (at least 5 cm long on compression ultrasound) were assessed for the presence of DVT or symptomatic pulmonary embolism (PE). Of these patients, 24.9% were confirmed to have these conditions and 75.1% were found to have isolated SVT.

Patients with isolated SVT were followed up for 3 months. Of the 586 patients not lost to follow-up, anticoagulants were administered at therapeutic doses to 62.9% and at prophylactic doses to 36.7% for a median of 11 days. Additionally, 97.7% of patients with isolated SVT were provided elastic compression stockings. Despite these therapies, 7.9% and 2.0% of patients had symptomatic and asymptomatic thromboembolic complications, respectively, during follow-up. Independent risk factors for symptomatic thromboembolic events included male sex, a history of DVT or PE, previous cancer, and no varicose veins.

The investigators highlight that the identified risk factors are for future thromboembolic events in the superficial and deep venous systems, and not for DVT or PE alone; the small number of events at 3 months precluded any conclusions for the deep venous system alone. Nevertheless, they conclude that their findings “suggest that symptomatic SVT of the lower limbs is not entirely benign.”

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Original article Decousus, H. *et al.* Superficial venous thrombosis and venous thromboembolism: a large, prospective epidemiologic study. *Ann. Intern. Med.* **152**, 218–224 (2010)