The rate of complete and partial venous recanalisation by optimal and non optimal oral anticoagulant therapy

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Aim: Our aim was to evaluate how the rate of complete and partial venous recanalisation depended on the optimal or non-optimal oral anticoagulant therapy (OAC).

Method: We treated 100 patients with proximal deep vein thrombosis of the lower limb: 50 pts were on warfarin (group W) and 50 pts were on acenocoumarol (group A). The thromboses were acute in all patients. The 6-month therapy was optimal when the INR value was between 2,0-3,0 at each lab tests. If only one or more INR value were lower than 2,0 the therapy was considered as non-optimal. Recanalization was evaluated by duplex ultrasound.

Results: Of all measurements, INR values in group W remained in the therapeutic range in 74.5%, while it was 71.2% for group A. The proportion of patients on optimal OAC was 52% in group W, and 46% in group A. The recanalization rate was dependent on the stability of INR and it was independent of the drug type. The complete recanalization rate was 91.9% in the optimally treated patients, but it was 74.5% in the non-optimally treated The healing was dependent on the stable INR value in therapeutic range. Partial recanalisation was 6.1 % in the optimally and 11.8 in the non-optimally treated group.

Conclusion: The healing process of the deep vein thrombosis is dependent on the efficacy of oral anticoagulant therapy.

Keywords: oral anticoagulants, deep vein thrombosis, recanalization.