DVT (Guidelines= NICE 2013 pathway)

Venous thrombus= formation of semi-solid coagulu within flowing blood in deep venous system

Aetiology

Virchow's triad – VEC changes
- coagulagility (low antithrobimin III, Pc, Ps, FVLm, lupus)
-stasis

Pathology
(a)Platelet aggregation → fibrin + RBCs occlude lumen
(b)Propagation of coralline loose red fibrin clot
(c) Embolism=

Clinical Features

Symptoms= pain, swelling
Signs= swollen, red/tender, tense + Homan's sign
Diff Dx= compartment syndrome/Baker's cyst rupture/calf muscle injury

Investigations
1. D-dimer (high sens, low spec → negative excludes DVT
2. US Venous Duplex
3. CAUSE (i)thrombophilia: coag screen etc (ii)suspect occult malignancy: CTCAP

Two-level Wells' Score → (i)LIKELY= 2+ (ii)UNLIKELY 1 or less
LIKELY → US within 4 hours (if can't, D-dimer + anticoag + scan by 24hrs)
UNLIKELY -> D-dimer (positive, treat as likely ; negative, search other causes)
start anticoag while awaiting results if high risk; intermediate if >4hr wait; not if low

Management

(a)LMWH --> oral anticoagulation
3 mths Rivaroxaban for first DVT; longer if second with ongoing risk
Prevent recurrence/prevent PE
LMWH in pregnancy (warfarin teratogenic) and malignancy(chemo renders INR innacurate)

(b)Catheter –directed Thrombolysis
Iliofemoral < 10days (PCA/PCD)
Reduces post-thrombotic syndrome complications
Contraindiations: absolute, relative major, minor

(c) Thrombectomy (+AV fistula)
phlegmasia caerulea dolens/gangrene

(d)Stenting
May-Thurner syndrome (LCIV, after CDT)
Less useful if external compression *no role for femoral stenting*

COMPRESSION = Class 3