

ABSTRACT

DVT is recognized clinically by painful edema of the leg, tender calf thigh and iliac fossa.

Vascular Ultrasonography is diagnostic. Untreated DVT may result in pulmonary embolism (PE), pulmonary hypertension or Post thrombotic syndrome.

In CATHETER DIRECTED THROMBOLYSIS a Tissue Plasminogen Activator (TPA). (Urokinase, or r-tpa) is directly delivered in the thrombus and most effective clot lyses is achieved.

A retrospective analysis of 243 CASES OF DVT, treated with Urokinase was done. This included 150 males and 93 females. Age of 18 to 80 years. Duration of symptoms 1 week to 4 months. 168 cases with post procedure warfarin and 75 of Rivaroxaban.

USG guided puncture of Popliteal vein or PTV was done to place the sheath

Through sheath and a multihole catheter thrombolysis done using urokinase 250000units/hr. Check fluoroscopy & catheter repositioning as needed. Adjuvant I/V heparin. Procedure terminated at complete resolution or a max. of 1 million unit infusion.

Post procedure oral anticoagulant was given with INR set at 2.50.

Since January 2015 till date: Post procedure rivaroxaban initially 15 mg/day for 1 month and then after 10 mg/day for two months. This was to help resolve small thrombotic load and prevention of VT. After 3 months 75 mg/ day aspirin anti platelet regimen was started to last for 1 year and review at one year.

A check usg vein study after 3 months and at 6 months.

RESULTS

Complete Resolution: 206 Cases, Partial Resolution 33 Cases Re-thrombosis: 2 Cases.

No Result: 2 cases

FOLLOW UP

8 YRS. Post thrombotic syndrome five, secondary varicose veins: 02

CONCLUSION

TPA delivered intrathrombus gives optimum results in DVT, preserves valves and prevents post thrombotic syndrome.

Recent addition of rivaroxaban and omission of warfarin has changed the need to perform INR and the socio economic burden to the patient.