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## Management of venous thromboembolism at General hospital Sahy

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**Background:** Pulmonary embolism and deep-vein thrombosis are the two components of a single disease called venous thromboembolism (VTE). Approximately 30% of apparently isolated episodes of pulmonary embolism are associated with silent deep-vein thrombosis, and in patients presenting with symptoms of deep-vein thrombosis, the frequency of silent pulmonary embolism ranges from 40 to 50%. Both diagnoses might be life-threatening with serious acute and chronic complications. Anticoagulation treatment is based on classic and novel anticoagulants. The treatment is to be personalized depending on patients' risk stratification, comorbidities, as well as the thrombotic event characteristic. Adequate treatment of the recent VTE is the basis of preventing complications as well as of secondary prevention of recidive of VTE.

**Aim:** The author provides a review of known and registered anticoagulants, summarizes the accepted guidelines. Data of all patients admitted to the General Hospital Sahy during the last 5 years episode for the suspicion of venous thromboembolism are analyzed and the diagnostic and treatment strategy is presented.

**Method:** Data of all admitted patients are characterized – demography, diagnosis, provoking factor of thrombotic event. Patients were admitted to the Internal Department or Intensive Care Unit, depending on the severity of initial findings. The diagnosis was based on clinical finding, laboratory test results, as well as imaging studies. In the earlier period occlusion rheography and ventilation-perfusion scintigraphy the lungs were performed, but in the recent time CT angiography and compressive ultrasound are available 24 hours a day. The adherence to therapy and variation of coagulation parameters in 160 anti-coagulated patients during the year 2013 are presented and reasons of inappropriate results are discussed.

**Results:** Results are mainly graphically presented. Warfarin remains the most widely used anticoagulant in patients with VTE. The duration of treatment depends upon the risk factors of the patient as well as on the character of VTE event. In selected patients long term use of low-molecular-weight heparin is the method of choice. Most recently novel oral anticoagulants (NOAC) might be used. The author discusses the necessity of identifying the appropriate patient indicated to treatment with NOACs.

**Conclusion:** Continuing education of both patients and physicians in diagnosis and treatment of VTE is required for assurance of adequate anticoagulation treatment, adherence to treatment and patient safety. The presented study performed at a general hospital presents the progress in diagnostic opportunities, imaging techniques, as well as therapeutic options in patients suffering from VTE.

### Biography

Ferdinand Sasvary, graduated as MD in 1992 and completed his PhD from the Comenius University, Bratislava, Slovakia. He achieved certification first in Internal Medicine, later in Hematology and Transfusion Medicine at Slovak Health University. Since 2000, he was employed as Primarius of Hematology Dept., simultaneously as Internist at Outpatient Dept. and since 2012 as Deputy-Primarius of Internal Dept. He is elected member of American Society of Hematology and active member of European Hematology Association, member of national (Slovak) medical associations. He is Assistant Professor of Public Health at Slovak Health University. He is contributor of textbook of pathologic physiology, author of more than 20 publications, at least 4 of them indexed in PubMed.

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