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### Diagnosis and treatment of DVT and prevention of DVT recurrence and the PTS: Bridging the gap between DVT and PTS in the primary care setting or outpatient ward

Duplex ultrasonography (DUS) does pick up alternative diagnoses (AD) including Baker's cyst, muscle hematomas, old deep vein thrombosis (DVT), and superficial vein thrombosis. The sequential use of DUS followed by a sensitive D-dimer test and a clinical score assessment is a safe and effective noninvasive strategy to exclude and diagnose DVT and AD in patients with suspected DVT. DVT patients are recommended to wear medical elastic stockings (MECS) for symptomatic relief of swollen legs during the acute phase of DVT, or when post-thrombotic syndrome (PTS) is present. In routine daily practice, discontinuation of anticoagulation at 6 months post-DVT is followed by a subsequent 20%–30% DVT recurrence rate; this is the main cause of PTS after 1–5 years of follow-up. To bridge the gap between DVT and PTS, the frequent occurrence of PTS is best prevented by prolonged anticoagulation, if indicated, based on objective risk factors for DVT recurrence. Post-DVT rapid and complete recanalization on DUS within 1–3 months and no reflux is associated with no development of PTS, obviating the need of MECS; furthermore, anticoagulation can be copy, blood coagulation and vascular discontinued after 3–6 months post-DVT. Absence of residual venous thrombosis (complete recanalization) at 3 months post-DVT with no reflux and with a low PTS score is associated with no recurrence of DVT (1.2% of 100 patient/years). The presence of reflux due to valve destruction, irrespective of the degree of recanalization on DUS at 3–6 months post-DVT, is associated with a high risk of DVT recurrence and symptomatic PTS, indicating the need for to wear MECS and extend anticoagulation months post-DVT in symptomatic PTS patients; is associated with increased DVT recurrence in about one-third of post-DVT patients after the discontinuation of anticoagulation. Our publication on symptomatic DVT or calf vein thrombosis may be the tip of a “Clotted Iceberg” and designed a prospective safety outcome management study to bridge the gap between DVT and PTS, with the aim of reducing the overall DVT recurrence rate to, 3% patient/years during long-term follow-up.

#### Biography

Jan Jacques Michiels is Multidisciplinary Internist of Blood Coagulation & Vascular Medicine Center, Erasmus Tower, Veenmos, Professor of Nature Medicine & Health Clinical and Molecular Genetics at Blood & Coagulation Research, University Hospitals Antwerp, Brussels and Martin-Bratislava. He is International Consultant of Blood Coagulation & Vascular Medicine and Consultant of Academic, Pharmaceutical and Industrial Medicine. He is Editor of Journal of Hematology & Thromboembolic Diseases, World Journal of Hematology and Editor in Chief of World Journal of Clinical Cases. He is interested in stem cell transplantation and hematology research.

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