



Podcast Dr. Karetova - Part 4

In this podcast, we'll speak of Acute Complications of Chronic Venous Disease with focus on Superficial vein thrombosis and deep vein thrombosis

Today we are here with

Dr. Debora Karetová,

MD, Associated Professor of Medicine at Charles University in Prague, Outpatient Department Head at Second Department of Internal Medicine, Charles University in Prague, and she is the president of the Czech Angiology Society.

Goodmorning Dr. Karetová

DR.

Good morning.

According to what we said until now investigating this condition is important what is in your opinion the optimal approach? And how can the location and extent of thrombosis in the superficial adenus system of the limb be determined? Is the local therapy always sufficient or is systemic blood treatment or even surgery sometimes necessary?

So, after clinical assessment of superficial vein thrombosis, a comprehensive imaging evaluation is important to determine its severity and identify any additional local or systemic complications, especially in the term of hypercoagulation risk.

It is suggested that SVT occurring in the great saphenous vein within 3 cm from the saphenofemoral junction carries a risk of pulmonary embolism comparable to that of DVT.

So, it is necessary to know whether or not is the thrombus near these junctions, saphenofimeral or saphenopopleta.

Furthermore, SVT involving the arches has an elevated risk of recurrence also. So, in these settings, duplex ultrasound is really necessary to be provided, and we can learn from the imaging, the proximity and the length of the total thrombus formation.

So whether it's minor 5 or more than 5 cm involvement of the vein, yes. And all these parameters influence the decision regarding the choice of optimal medical treatment.

The primary criteria for diagnosing thrombosis by ultrasound include, as usual, the minor non-compressibility, abnormal blood flow patterns, such as flow reversal, and the presence of a visible intraluminal thrombosis.

That is essential. And such examination has really very high sensitivity and specificity. So, first of all, and it's relatively new, that superficial vagabondosis has to be evaluated by ultrasound, and the finding is essential to find out the appropriate treatment for it.

To close off what are the main treatment principles for each type of venous thrombosis?

For finding the optimal treatment as I have mentioned, it's essential to provide ultrasound scanning and

from that we can learn its extension and its size of thrombosis and the distance from too deep circulation. And also we have to exclude at the beginning whether or not it's combined with deep vein thrombosis itself. And assessing the present of CVD during an ultrasound is really crucial to distinguish the onset and also to distinguish healthy vein from varicose vein.

Because varicose vein, there we can expect the situation in healthy vein, it's something different and we have to think about potential of malignancy or other serious diseases which can lead to a formation of thrombus in a healthy vein.

So, the treatment of superficial vein thrombosis varies depending on the location and size of the problem, and as well as on the presence of risk factors for thrombosis in general.

The treatment should be symptomatic, also pathogenic, that means limiting the extension of thrombosis, and also prognostic, because we have to prevent recurrence of the situation.

At this moment, the treatment of superficial vein thrombosis should be mainly medical, not surgical, including anticoagulation in specific clinical situations, and also we have to use some source of symptomatic therapy for relief and improvement of the general status of the patients.

So for all patients, it's necessary to start this symptomatic relief therapy. It involves an approach aimed to reduce inflammation and alleviate symptoms.

Beneficial interventions could include extremity elevation, application of topical or systematic given non-steroid anti-inflammatory drugs, or heparin gals and compression therapy also. And that is that in most patients we administer such nonspecific antiinflammatory treatment, maybe locally and we have keep the patient mobile, optimally with compression.

And patients with SVT and high risk features should also be screened for DVT with bilateral, even ultrasonography due to the high likelihood of undiagnosed DVT.

So it is important to distinguish which type of phlebitis or thrombosis we have, whether it's really risky for next complication, whether the patient is in the situation of high thrombotic risk and we have individually choose the type of anticoagulation treatment.

Thank you so much Dr. Karetova we really appreciate your contribution and for being with us today

Dr.
Thank you very much it was a pleasure for me as well

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This podcast has been produced with the support of Alfasigma.**

Date of preparation: July 2025