



Revista Clínica Española

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ORIGINAL ARTICLE

Idiopathic versus secondary venous thromboembolism. Findings of the RIETE registry[☆]



J.M. Pedrajas^{a,*}, C. Garmendia^b, J. Portillo^c, F. Gabriel^d, C. Mainez^e, C. Yera^f, M. Monreal^g

^a Servicio de Medicina Interna, Hospital Clínico San Carlos, Madrid, Spain

^b Servicio de Medicina Interna, Fundación Hospital Alcorcón, Alcorcón, Madrid, Spain

^c Servicio de Medicina Interna, Hospital General Universitario de Ciudad Real, Ciudad Real, Spain

^d Servicio de Medicina Interna, Hospital Clínico de Valencia, Valencia, Spain

^e Servicio de Medicina Interna, Hospital Universitario Puerta Hierro, Majadahonda, Madrid, Spain

^f Servicio de Medicina Interna, Hospital Virgen de la Salud, Toledo, Spain

^g Servicio de Medicina Interna, Hospital Universitari Germans Trias i Pujol, Badalona, Barcelona, Spain

Received 20 March 2014; accepted 12 May 2014

Available online 27 June 2014

KEYWORDS

Deep vein thrombosis;
Duration of
anticoagulant
treatment;
Pulmonary embolism;
Venous
thromboembolism;
Heparin;
Vitamin K antagonists

Abstract

Background and objectives: The Computerized Registry of Patients with Venous Thromboembolism (RIETE) is a prospective registry that consecutively includes patients diagnosed with venous thromboembolism. We compared the clinical presentation and response to anticoagulant treatment in patients with idiopathic venous thromboembolism (IVT) versus secondary venous thromboembolism (SVT, associated with a risk factor).

Patients and methods: We analyzed the differences in clinical characteristics, comorbidity, treatment and events during the first 3 months after the diagnosis of venous thromboembolism in patients with IVT or SVT and according to their initial clinical presentation.

Results: A total of 39,921 patients with IVT ($n = 18,029$; 45.1%) or SVT ($n = 21,892$; 54.9%) were enrolled. The patients with IVT had a greater history of venous thromboembolism than those diagnosed with SVT ($p < .001$). The initial treatment was similar for the 2 groups, but more inferior vena cava filters were placed in the SVT group ($p < .001$). In the long term, low-molecular-weight heparin was used more often in the SVT group than in the IVT group. At 90 days, bleeding, death and the recurrence of venous thromboembolism were significantly more frequent in the SVT group. The multivariate analysis confirmed that IVT was associated with fewer major (OR, 0.60; 95% CI, 0.50–0.61; $p < .001$) and fatal (OR, 0.41; 95% CI, 0.29–0.62;

[☆] Please cite this article as: Pedrajas JM, Garmendia C, Portillo J, Gabriel F, Mainez C, Yera C, et al. Enfermedad tromboembólica venosa idiopática versus secundaria. Hallazgos del registro RIETE. Rev Clin Esp. 2014;214:357–364.

* Corresponding author.

E-mail address: jmaria1963@yahoo.es (J.M. Pedrajas).

PALABRAS CLAVE

Trombosis venosa profunda;
Duración del tratamiento anticoagulante;
Embolismo pulmonar;
Enfermedad tromboembólica venosa;
Heparina;
Antagonistas de la vitamina K

$p < .001$) bleedings, fewer relapses (OR, 0.58; 95% CI, 0.39–0.78; $p < .001$) and fewer fatal pulmonary embolisms (OR, 0.29; 95% CI, 0.12–0.52; $p < .001$). These differences were maintained in patients whose venous thromboembolism started with a pulmonary embolism or with deep vein thrombosis.

Conclusions: IVT has a better prognosis than SVT at 90 days of the diagnosis.

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Enfermedad tromboembólica venosa idiopática versus secundaria. Hallazgos del registro RIETE

Resumen

Antecedentes y objetivos: El Registro Informatizado de Enfermedad Tromboembólica (RIETE) es un registro prospectivo que incluye de forma consecutiva pacientes diagnosticados de enfermedad tromboembólica venosa. Hemos comparado la presentación clínica y la respuesta al tratamiento anticoagulante en pacientes con enfermedad tromboembólica venosa idiopática (ETEVI) versus secundaria (ETEVS, asociada a algún factor de riesgo).

Pacientes y métodos: Se analizaron las diferencias en las características clínicas, comorbilidad, tratamiento y episodios durante los primeros 3 meses tras el diagnóstico de ETEV en los pacientes con ETEVI o ETEVS y según su presentación clínica inicial.

Resultados: Se incluyeron 39.921 pacientes, con ETEVI ($n = 18.029$; 45,1%) o ETEVS ($n = 21.892$; 54,9%). Los pacientes con ETEVI mostraron más antecedentes de ETEV que los diagnosticados de ETEVS ($p < 0,001$). El tratamiento inicial fue similar en ambos grupos, pero se colocaron más filtros de vena cava inferior en el grupo de ETEVS ($p < 0,001$). A largo plazo se utilizó con mayor frecuencia heparina de bajo peso molecular en el grupo de ETEVS que en el de ETEVI. A los 90 días, la recidiva de ETEV, el sangrado y la muerte fueron significativamente más frecuentes en el grupo con ETEVS. El análisis multivariante confirmó que la ETEVI se asoció a un menor número de sangrados mayores (OR, 0,60; IC 95%, 0,50-0,61; $p < 0,001$) y mortales (OR, 0,41; IC 95%, 0,29-0,62; $p < 0,001$), menor número de recidivas (OR, 0,58; IC 95%, 0,39-0,78; $p < 0,001$) y de embolismo pulmonar mortal (OR, 0,29; IC 95%, 0,12-0,52; $p < 0,001$). Estas diferencias se mantuvieron en los pacientes cuya ETEV se inició con un embolismo pulmonar o con una trombosis venosa profunda.

Conclusiones: La ETEVI tiene mejor pronóstico que la ETEVS a los 90 días del diagnóstico.

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Background

Venous thromboembolism (VTE) is a common and preventable disease. The incidence of VTE in industrialized countries is 1–2 cases/1000 inhabitants per year.¹ Numerous factors, both transient (surgery, trauma, prolonged immobility, long trips, hormone therapy, pregnancy and postpartum) and permanent (incurable tumors and antiphospholipid syndrome), favor its development.² Thus, VTE is classified as secondary (SVTE) or idiopathic (IVTE) depending on the presence or absence of these risk factors, respectively.

We have few data on the prognosis in the first 3 months of VTE when the patient is on anticoagulant therapy, and these data are focused on specific risk groups, on long-term behavior or on a specific initial presentation of VTE.^{3–5} We evaluated the clinical characteristics, treatment followed, comorbidity and prognosis of IVTE versus SVTE during this period and studied the 2 clinical presentations of VTE (deep vein thrombosis [DVT] and pulmonary embolism [PE]).

Material and methods

The Computerized Registry of Patients with Venous Thromboembolism (RIETE) is a multicenter, international and prospective registry started in March 2001 that consists of a data registry from an extensive consecutive series of patients with VTE. The participating centers include all patients who meet the predefined inclusion criteria. The registry includes patients who experience DVT and/or symptomatic PE, confirmed using an objective diagnosis for DVT (ultrasonography, venography, magnetic resonance, etc.) and PE (pulmonary scintigraphy, CAT and angiography). Patients are excluded if they are participating in clinical trials or are not available for the minimum follow-up of 3 months after the diagnosis of the disease. To ensure the accuracy of its data, the RIETE registry is audited continuously by electronic means or by in-person audits at the participating centers.

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