



MEDICAL TREATMENT OF SUPERFICIAL

THROMBOPHLEBITIS OF THE LOWER LIMB:

HEPARIN OR ANTI-INFLAMMATORY?

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Objective:

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Review the available evidence about the best treatment of superficial thrombophlebitis (ST) of the lower limb (LL), regarding nonsteroidal anti-inflammatory drugs (NSAIDs) and low-molecular-weight heparin (LMWH).

Review methods:

Research of clinical guidelines (CG), computer decision of Recommendation Taxonomy (SORT) was used to assess

support systems (CS), systematic reviews (SR) and original studies (January 2008 to May 2011). MeSH terms: venous heparin, low-molecular-weight; thrombosis; antiinflammatory agents. American Family Physician's Strength

the level of evidence. Data sources: Pubmed database, evidence-based medicine websites, General Directorate of Health, Portuguese Association of General Practitioners, MGFamiliar.net, Index of Portuguese Medical Magazines.

215 records identified through					Autho	ors	Reco	mmendations	S	SOF
database searching Population: Patients with a diag	nosis of S ⁻	T of Ll	L.	CG	American Co Chest Physi	-		actic/intermediate dos liate doses of UFH* for a		В
Intervention: LMWH and/or NSA	AIDs.							ks of VKA** (target INR,	2.0 to	С
Comparison: Other therapies.							(3.0) + UFH and LIVIN	WH in the first 5 days .		
Outcomes: Pain relief; preventio	on of comp	olicati	ions.				NSAIDs + anticoagu	lation should not be use	ed.	В
Exclusion criteria: Repeated articles; deep venous t	thrombos	is isol	lated;				The authors sugge NSAIDs in less recommendation)	est the use of oral or section of the extensive ST. (w	topical vithout	-
nospital context; ST not in LL; pa	odiatric r	rogn								
	-	_		CS	Fernandez L	., et al.²	Low risk for DVT**	*: Oral NSAIDs		В
ST complicated or associated	with pa	atholo	ogical	CS	Fernandez L	., et al. ²	High risk for DVT: A	*: Oral NSAIDs Anticoagulation for 4 we I, VKA, equally effective]	eks	B B
ST complicated or associated	with pa	atholo	ogical	CS	Fernandez L	., et al. ²	High risk for DVT: A	Anticoagulation for 4 we	eks	_
ST complicated or associated	with pa	atholo	ogical		Pernandez L		High risk for DVT: A	Anticoagulation for 4 we	eks	B
ST complicated or associated conditions that increase the risk;	with pa	atholo	ogical TS.	5		In	High risk for DVT: A [LMWH, UFH ntervention , UFH, VKA, NSAIDs	Anticoagulation for 4 we I, VKA, equally effective] Conclusion 1 st line:	eks Level o	B
ST complicated or associated conditions that increase the risk;	with pa	atholo ixis of	ogical TS. Authors	s al. ³	Population	In	High risk for DVT: A [LMWH, UFH	Anticoagulation for 4 we I, VKA, equally effective]	eks Level o	B

CONCLUSIONS:

LMWH and NSAIDs are two first-line treatment options (SOR B).

 \geq When associated with risk factors for complications, the use of intermediate/therapeutic doses of LMWH for at least 4 weeks is a first-line treatment option (SOR B).

> More RCT are needed, particularly regardind the choice between LMWH or NSAIDs or its' simultaneous use, doses and treatment's length.

References: 1 Kearon C, Kahn SR, Agnelli G, Goldhaber S, Raskob GE, Comerota AJ. Antithrombotic therapy for venous thromboembolic disease: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition). Chest 2008 Jun;133(6 Suppl):454S-545S; 2 Fernandez L, Scovell S. Superficial thrombophlebitis of the lower extremity. In: UpToDate, Basow, DS (Ed), UpToDate, Waltham, MA, 2011; 3 Di Nisio M, Wichers IM, Middeldorp S. Treatment for superficial thrombophlebitis of the leg. Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD004982. DOI: 10.1002/14651858.CD004982.pub3 (version 3 published online in Issue 12, 2010); 4 Uncu H. A comparison of low-molecular-weight heparin and combined therapy of low-molecular-weight heparin with an anti-inflammatory agent in the treatment of superficial vein thrombosis. Phlebology. 2009 Apr;24(2):56-60.