Maladie thromboembolique veineuse – Durée du traitement anticoagulant et diagnostic des récidives de TVP

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Angiologie et médecine interne générale FMH

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Traitement anticoagulant

TABLE III—RESULTS IN COMPLETE SERIES OF 73 CASES

Group	Total	Deaths from pulmonary embolism	Non-fatal recurrences	Other deaths
Untreated ..	19	5	5	0
Treated ..	54	0	1	2

Mortalité de 26% sans traitement

„The diagnosis of pulmonary embolism is rarely proved before death.“

Barrit and Jordan. Lancet 1960;1: 1309-12.

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Evolution du traitement

Général

- De l‘immobilisation à la mobilisation dans la phase aigue
- Du traitement stationnaire au traitement ambulatoire

Médicaments

- De rien à l‘héparine
- De l‘héparine à l‘HBPM
- AVK
- AVK aux ACODs
- Des ACODs aux inhibiteurs du facteur XI/XIII?

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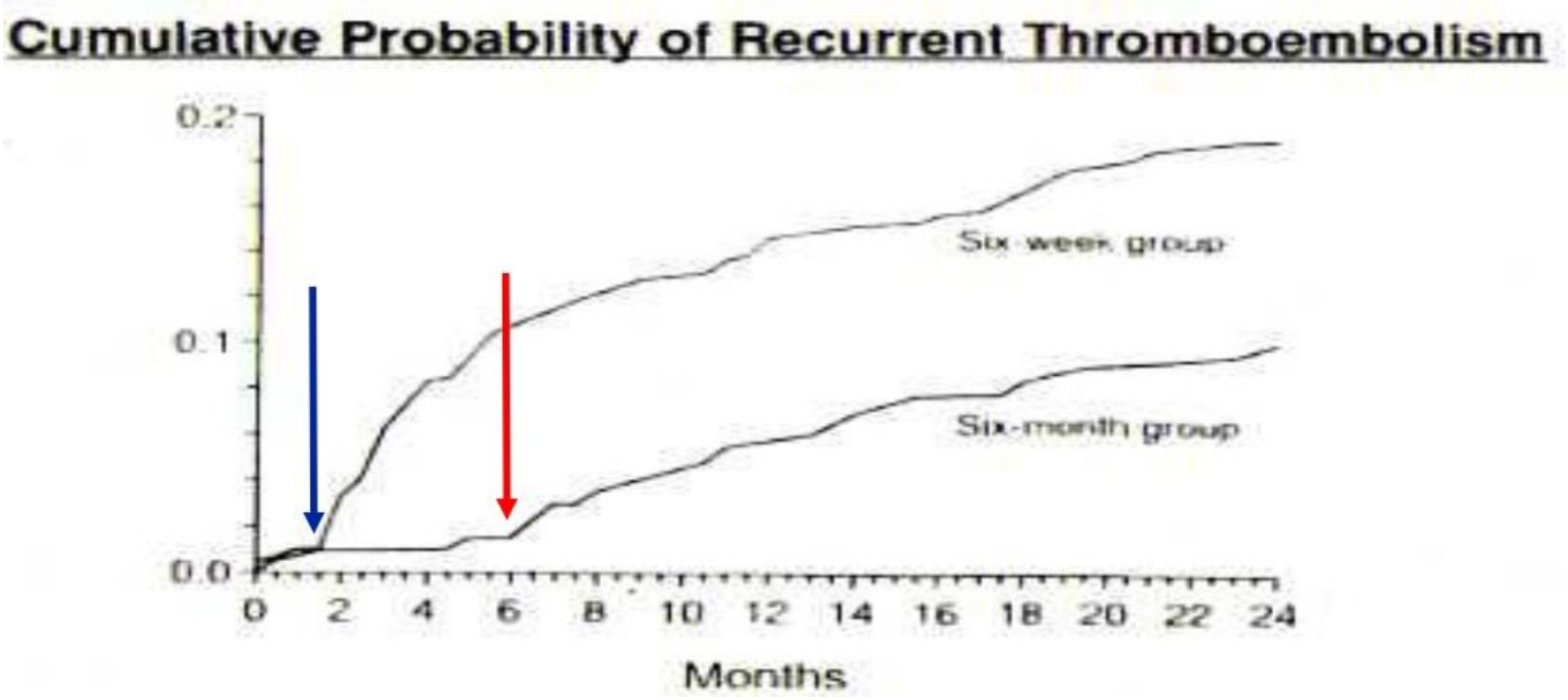
Durée du traitement anticoagulant



- Le traitement de six semaines n‘est pas suffisant

Schulman, N Engl J Med 1995; 332: 1661-5.

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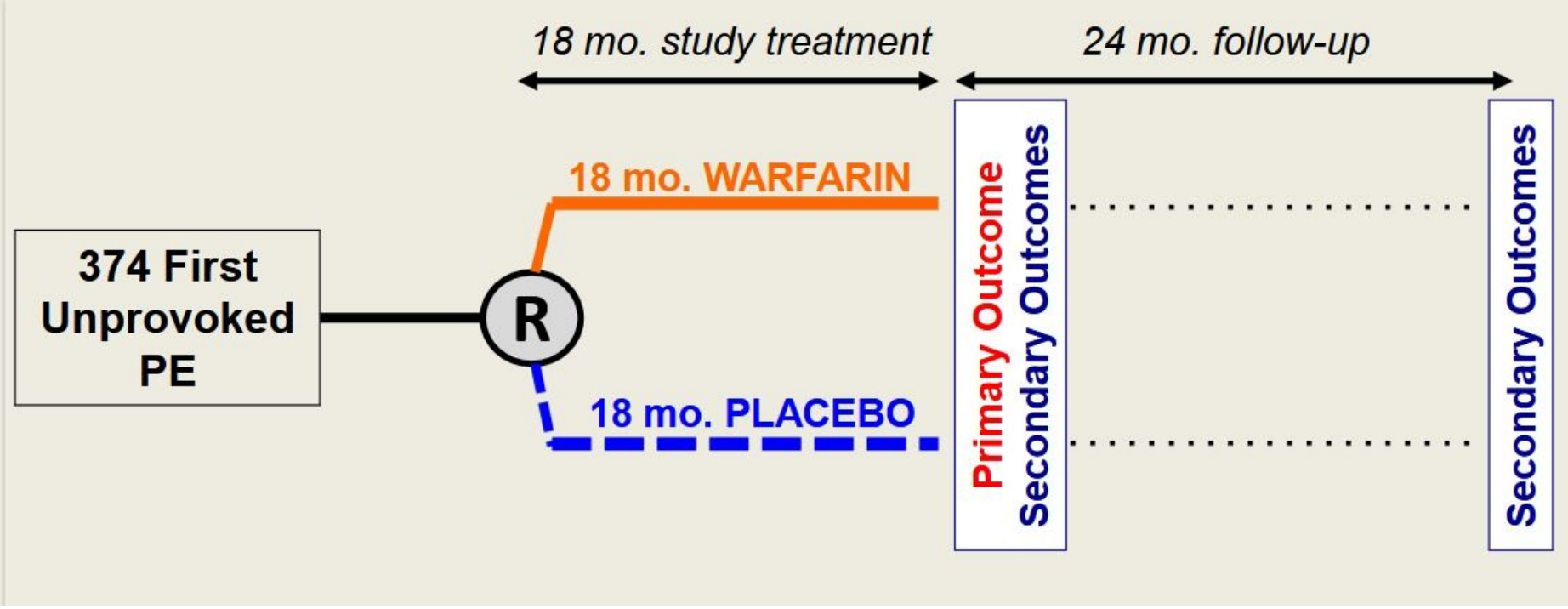
Durée du traitement anticoagulant



PADIS-PE; Couturaud, JAMA 2015;314:31-40.

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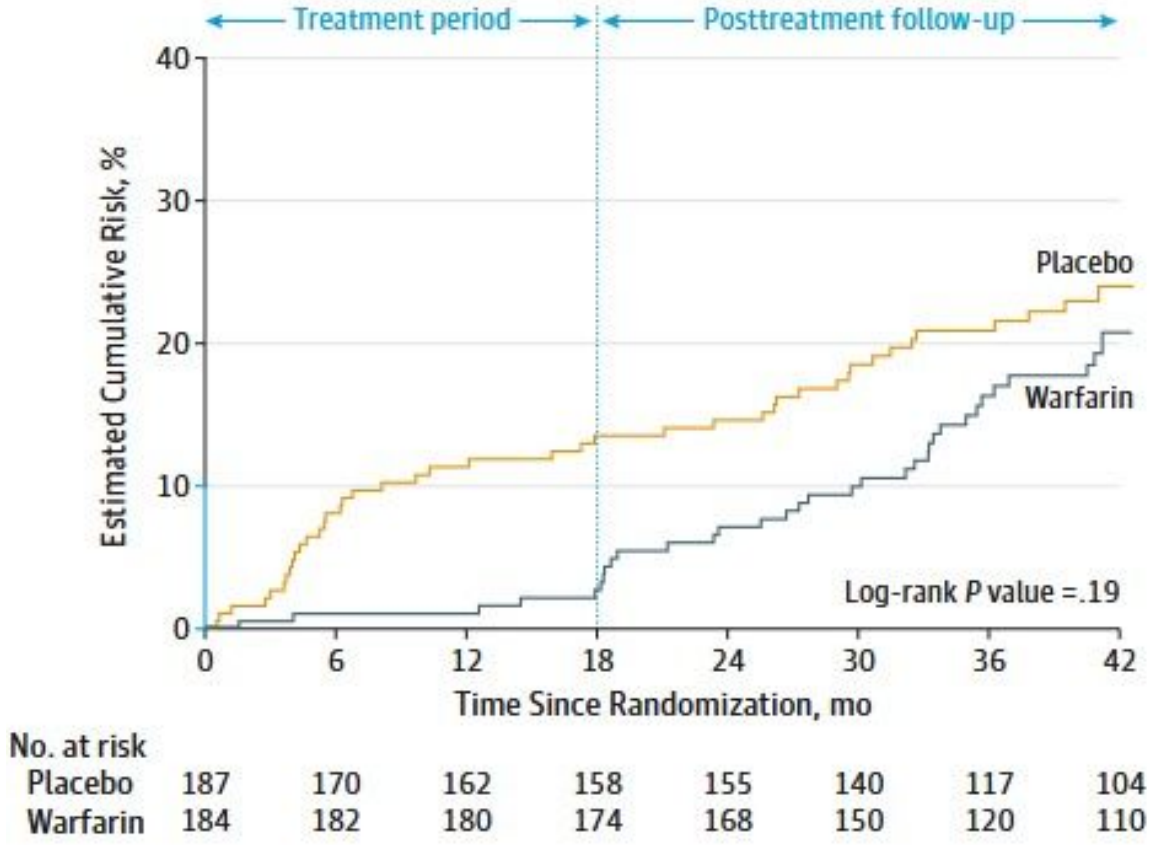
Durée du traitement anticoagulant



- Le traitement anticoagulant diminue le risque de récidive tant qu'il est pris
- Ce bénéfice ne dure pas après l'arret du traitement

PADIS-PE; Couturaud, JAMA 2015;314:31-40.

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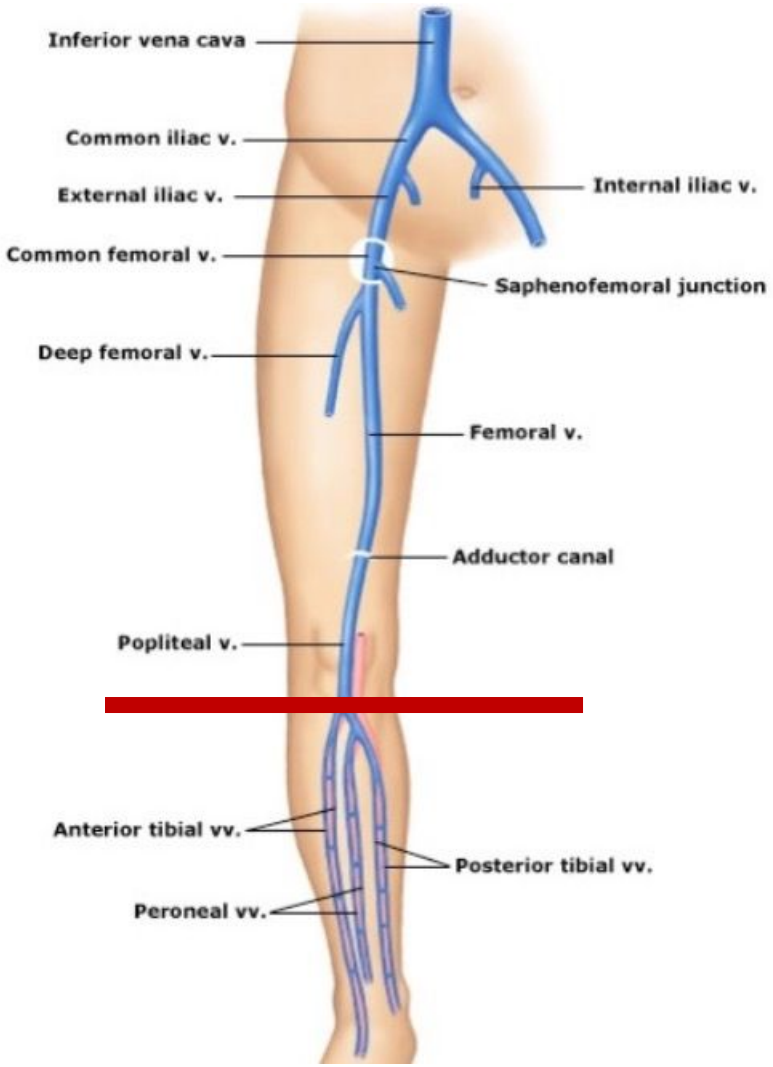
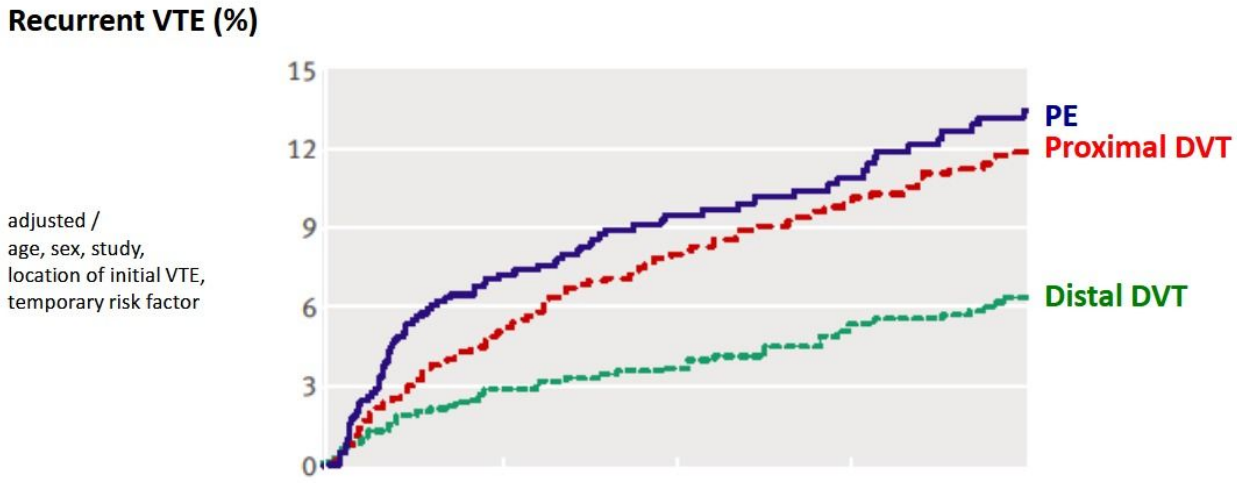
TVP distale





Trois mois de traitement suffisant

<u>Attention</u>:

Récidives

Cancer

Galanaud et al, JTH 2014

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„Take home message“

- Pendant la phase de traitement (pour la MTEV “idiopathique”) → Peu de récidives
- Un traitement anticoagulant plus long ne réduit pas le risque de récidive à long terme (après l’arret du traitement)

→ Traitement court (3-6 mois)

Vs.

→ Traitement au long cours

- Le risque de récidive d’une TVP distale est plus faible que celui-ci de l’EP et TVP proximale

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Facteurs favorisants

- Evénement de MTEV „non-provoqué“
  - Absence de facteur favorisant transitoire majeur
  - Absence de facteurs favorisants persistantes

- Facteurs favorisants transitoires majeurs
  - Chirurgie (>30 minutes, AG)
  - Hospitalisation (>72h)
  - Césarienne
  - (Traitement hormonal oestroprogestatif/Grossesse)

- Facteurs persistants
  - Maladie oncologique
  - Maladies inflammatoires chroniques

Kearon et al, JTH 2016

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Durée du traitement anticoagulant

The International Society on Thrombosis and Haemostasis:

=> Safe to discontinue anticoagulants if the risk of recurrent VTE is less than 5% at one year after discontinuing treatment.

Kearon et al. JTH 2010;8:2313-15

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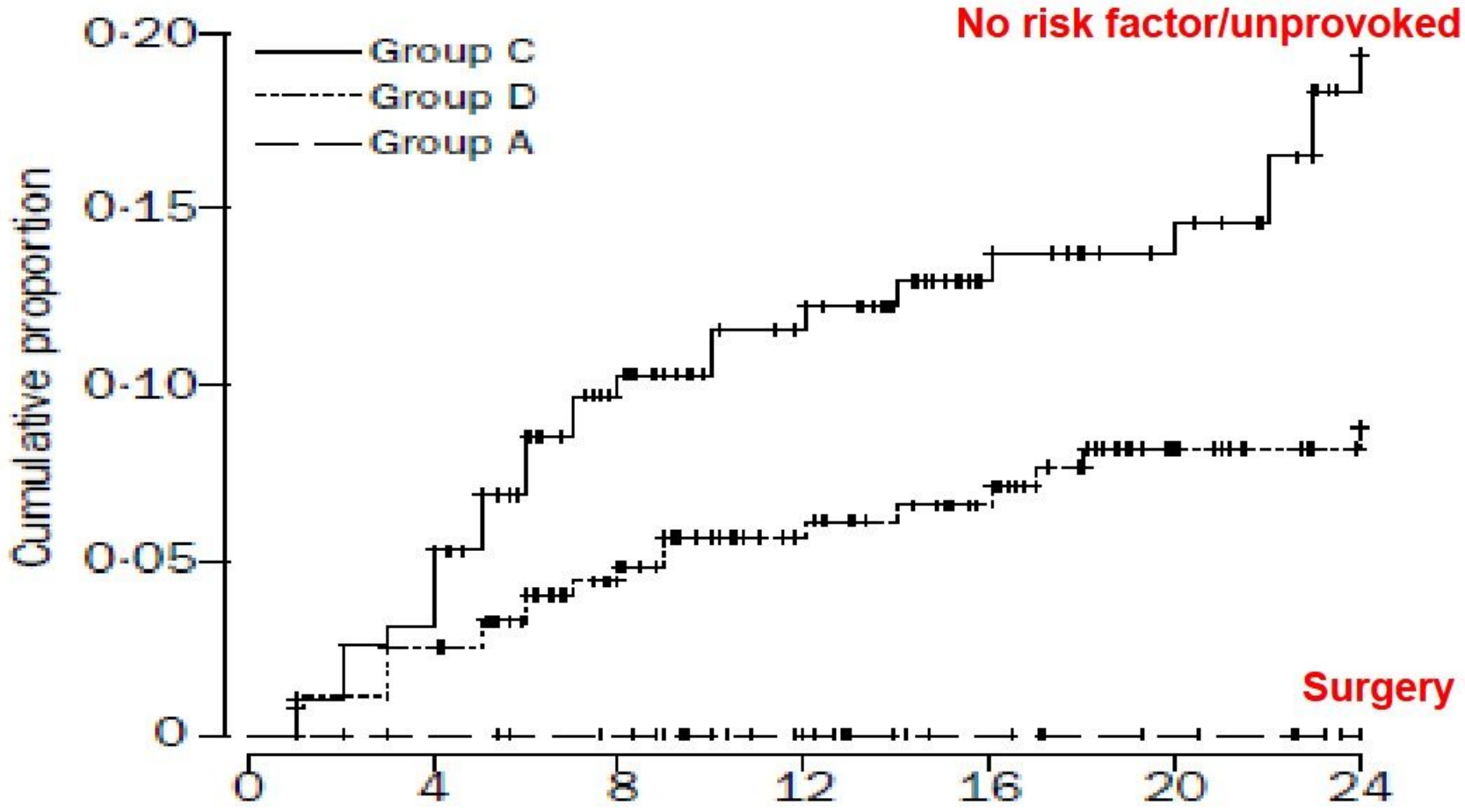
Durée du traitement anticoagulant



10% Première année
30% à 5 ans

<1% Première année
3% à 5 ans

Baglin, The Lancet 2003; 362: 523-26.

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Guidelines

Estimated risk for long-term recurrence[a]	Risk factor category for index PE[b]	Examples[b]
Low (<3% per year)	Major transient or reversible factors associated with >10-fold increased risk for the index VTE event (compared to patients without the risk factor)	• Surgery with general anaesthesia for >30 min • Confined to bed in hospital (only "bathroom privileges") for ≥3 days due to an acute illness, or acute exacerbation of a chronic illness • Trauma with fractures
Intermediate (3–8% per year)	Transient or reversible factors associated with ≤10-fold increased risk for first (index) VTE	• Minor surgery (general anaesthesia for <30 min) • Admission to hospital for <3 days with an acute illness • Oestrogen therapy/contraception • Pregnancy or puerperium • Confined to bed out of hospital for ≥3 days with an acute illness • Leg injury (without fracture) associated with reduced mobility for ≥3 days • Long-haul flight
	Non-malignant persistent risk factors	• Inflammatory bowel disease • Active autoimmune disease
	No identifiable risk factor	
High (>8% per year)		• Active cancer • One or more previous episodes of VTE in the absence of a major transient or reversible factor • Antiphospholipid antibody syndrome

Konstantinides et al. Eur Heart J 2020 /ESC guidelines

Guidelines

	Estimated risk for long-term recurrence[a]	Risk factor category for index PE[b]	Examples[b]
Traitement 3-6 mois	Low (<3% per year)	Major transient or reversible factors associated with >10-fold increased risk for the index VTE event (compared to patients without the risk factor)	• Surgery with general anaesthesia for >30 min • Confined to bed in hospital (only "bathroom privileges") for ≥3 days due to an acute illness, or acute exacerbation of a chronic illness • Trauma with fractures
Traitement au long cours	High (>8% per year)		• Active cancer • One or more previous episodes of VTE in the absence of a major transient or reversible factor • Antiphospholipid antibody syndrome

Konstantinides et al. Eur Heart J 2020 /ESC guidelines

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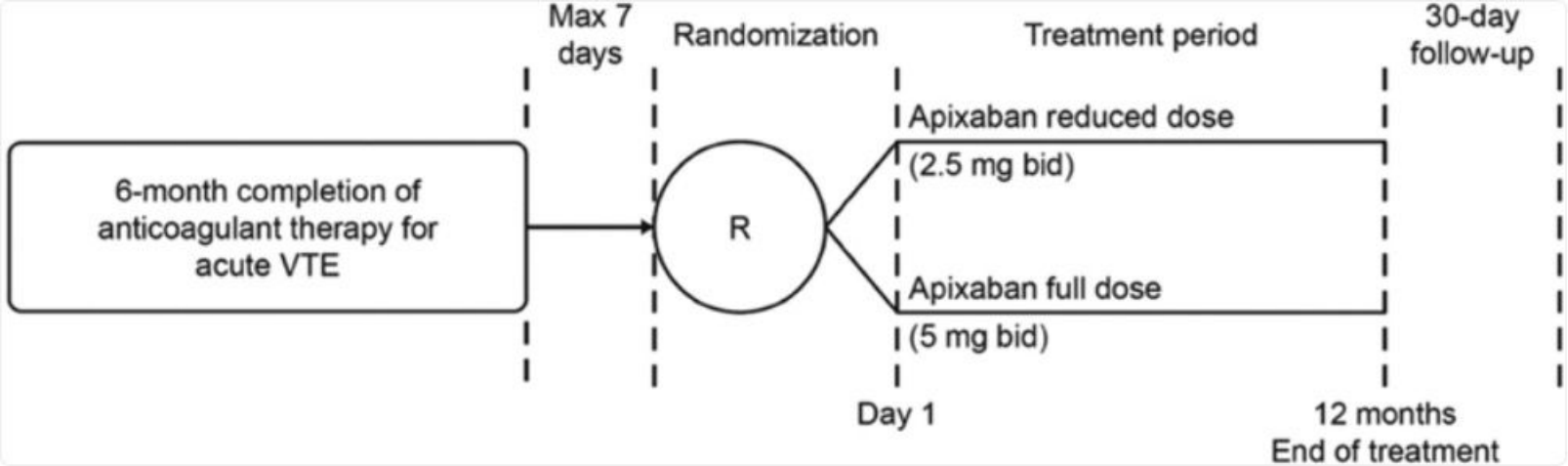
Konstantinides et al. Eur Heart J 2020 /ESC guidelines

Etude en cours „API-CAT“



- **Extended Anticoagulant Treatment with Full- or Reduced-Dose Apixaban in Patients with Cancer-Associated Venous Thromboembolism**

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Guidelines

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Konstantinides et al. Eur Heart J 2020 /ESC guidelines

Durée du traitement

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???		
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Konstantinides et al. Eur Heart J 2020 /ESC guidelines

Evénement non-provoqué

- ESC

Patients in whom extension of anticoagulation beyond 3 months should be considered[c,d]		
Extended oral anticoagulation of indefinite duration should be considered for patients with a first episode of PE and no identifiable risk factor.[330,331,347,351–353]	IIa	A

- ACCP 2016

„In patients with a first VTE that is an unprovoked proximal DVT of the leg or PE and who have a (i) low or moderate bleeding risk (see text), we **suggest extended anticoagulant therapy** (no scheduled stop date) over 3 months of therapy (Grade 2B)"

Konstantinides et al. Eur Heart J 2020/ESC
Kearon C et al. CHEST 2016;149 (2):315-352

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HERDOO2

- Seul score avec validation prospective
- « Men continue and her do too »
- « Men continue and HERDOO2 »

HERDOO2

HER: any Hyperpigmentation, Edema, or Redness in either leg (ie, mild, moderate, or severe).	
Assign 1 point for HER (ie, see visual guide below)	1 point
VIDAS D-dimer ≥250 µg/L	1 point
Obesity (body mass index ≥30)	1 point
Older age (≥65 years)	1 point
	TOTAL=
	Low risk: 0 or 1 point
	High risk: ≥2 points

BMJ2017;356;j1065

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HERDOO2

Validating the HERDOO2 rule to guide treatment duration for women with unprovoked venous thrombosis: multinational prospective cohort management study

Groups	Low risk women* who discontinued oral anticoagulants (n=591)	Men and high risk women*		High risk* women who discontinued oral anticoagulants (n=101)
		Discontinued oral anticoagulants (n=323)	Continued oral anticoagulants (n=1802)	
Primary outcome:				
Risk of recurrent major† VTE	3.0 (1.8 to 4.8)	8.1 (5.2 to 11.9)	1.6 (1.1 to 2.3)	7.4 (3.0 to 15.2)
Secondary outcomes:				
Risk of major‡ bleed	0.2 (0 to 1.0)	0.6 (0 to 2.3)	1.2 (0.8 to 1.8)	2.1 (0.3 to 7.6)
Recurrent PE death	0	0	0.1 (0 to 0.3)	0
Non-PE death	0.2 (0 to 1.0)	0.1.0 (0.2 to 2.8)	0.4 (0.2 to 0.8)	2.1 (0.3 to 7.6)

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BMJ2017;356;j1065

„Take home message“

- Après un événement sans facteur favorisant transitoire ou persistant

→ Risque de récidive trop haut pour un arret du traitement

→ HERDOO2: Pour les femmes

→ Sexe masculin consideré comme un facteur de risque de récidive persistant

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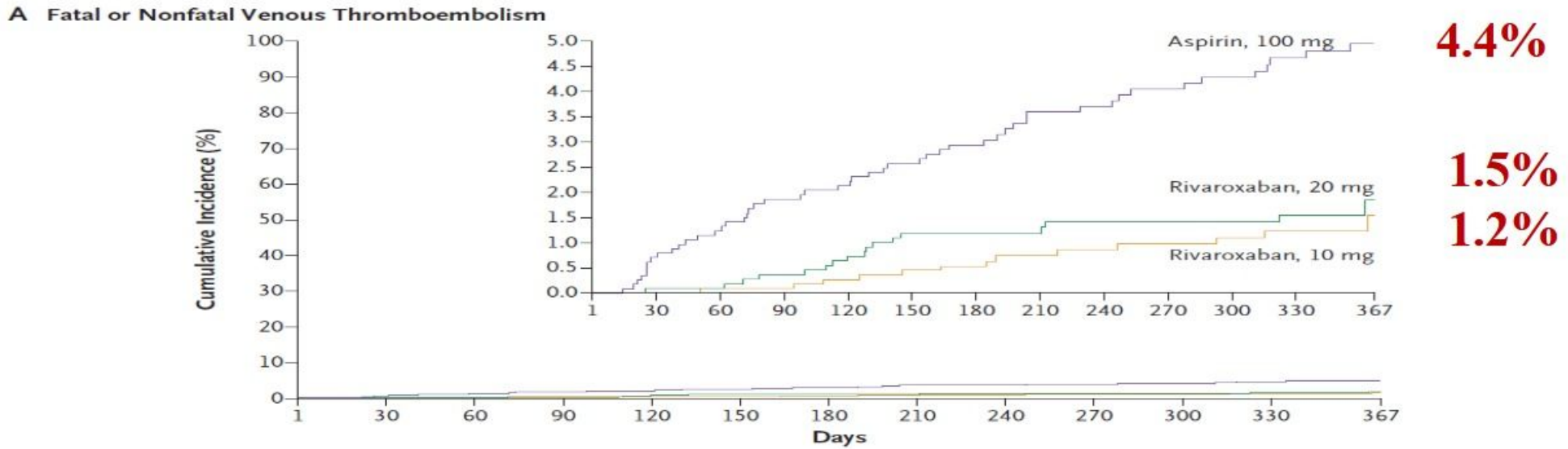
ACODs



Weitz J et al. NEJM 2017

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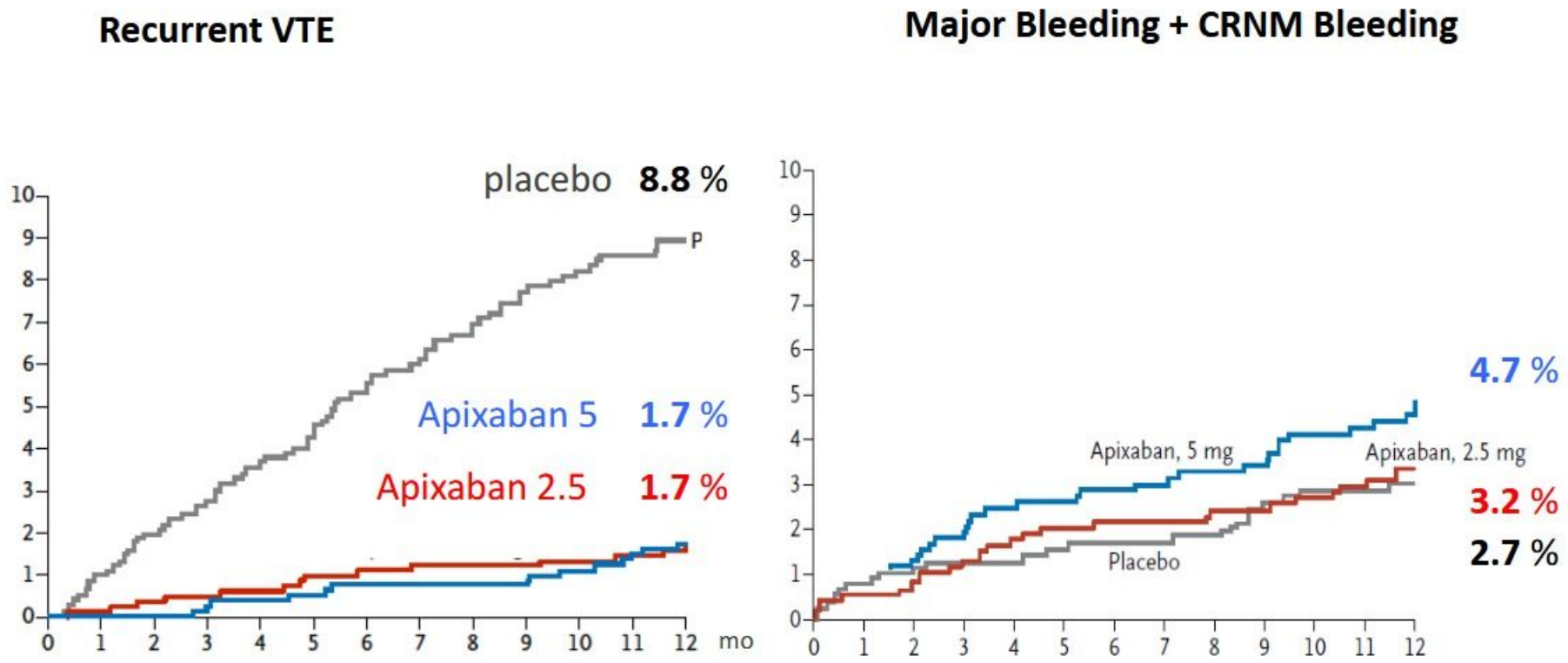
ACODs



Agnelli et al, NEJM 2012

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Récidive de MTEV

Clinique initiale	Récidive comme	LAFIT	PADIS PE/TVP
EP	EP	75%	78%
	Non-provoqué	100%	87%
TVP	TVP	90%	90%
	Non-provoqué	100%	97%

Kearon 1999; Couturaud 2015;
Couturaud et al. Hematologica 2019

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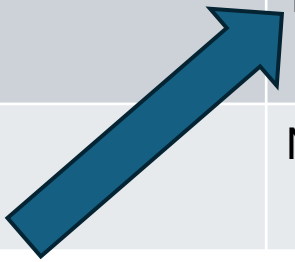

>50% au MI contrelaterale

Kearon 1999; Couturaud 2015; Couturaud et al. Hematologica 2019

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„Take home message“

- Traitement par Xarelto 10 mg 1x/jour ou Eliquis 2.5 mg 2x/jour sont des options pour un traitement au long cours (orange)
- 6 mois d‘anticoagulation à dose pleine avant de réduire la dose
- L‘EP récidive dans la majorité des cas sous forme d‘EP
- La TVP récidive dans la majorité des cas sous forme de TVP

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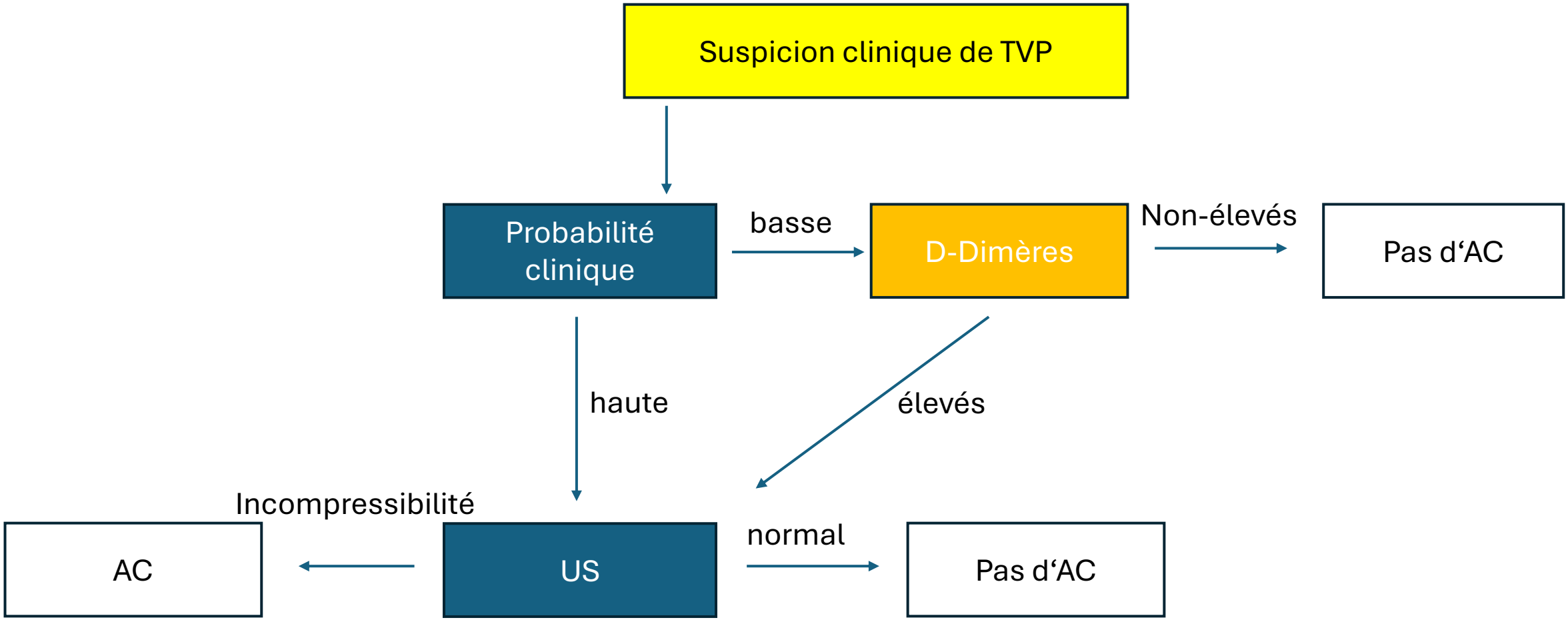
Diagnostic de la TVP



Schema adapté selon S2 Leitlinie, 2024

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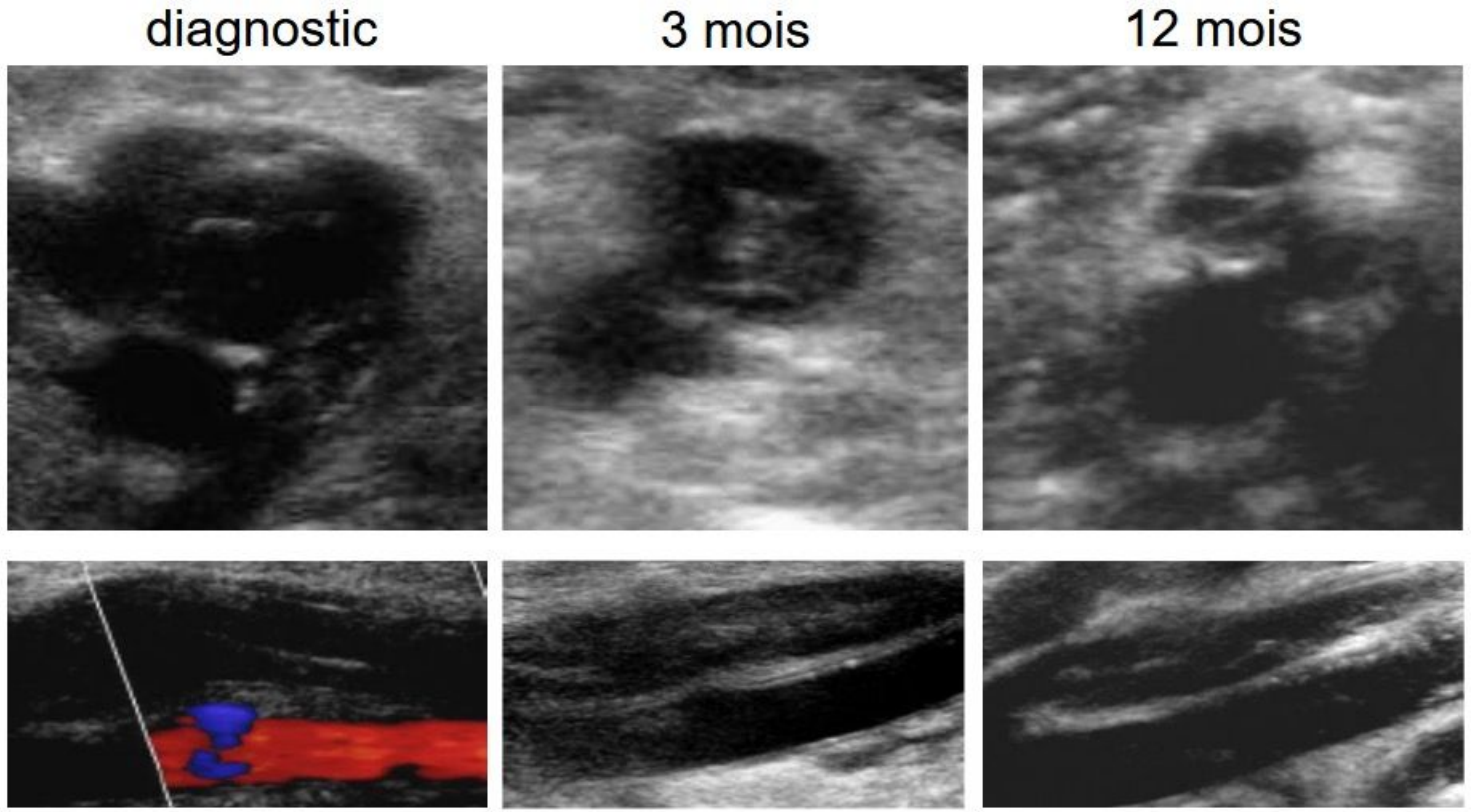
Diagnostic de la TVP



Impossibilité de dater l'age d'une TVP avec l'échographie

Séquelles postthrombotiques jusqu'à 50% à 1 année, malgré le traitement anticoagulant

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Défi diagnostique – la récidive

- Les symptômes de la récidive thrombotique sont similaires à ceux d'autres pathologies, comme le syndrome post-thrombotique
- 15% d‘une grande cohorte (Canada) avaient la suspicion d‘une récidive de TVP dans la première année après l‘arret du traitement anticoagulant

→ 30% ont présenté un doute sur le diagnostic

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Score de Wells

Table 1. Wells Criteria for DVT	
Clinical Features	**Points**
Active cancer	1
Immobility >3 days OR major surgery ≤4 weeks	1
Calf swelling >3 cm compared with other calf	1
Collateral (nonvaricose) superficial veins present	1
Entire leg swollen	1
Localized tenderness along deep venous system	1
Pitting edema, greater in symptomatic leg	1
Paralysis, paresis, or recent plaster immobilization of the lower extremity	1
Previously documented DVT	1
Alternative diagnosis to DVT as likely or more likely	-2
-2–0 Low risk for DVT	
1–2 Moderate risk for DVT	
≥3 High risk for DVT	
Adapted from: Modi S, et al. *World J Emerg Surg.* 2016;11:24.	

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Score de Wells

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Clinical Features	Points
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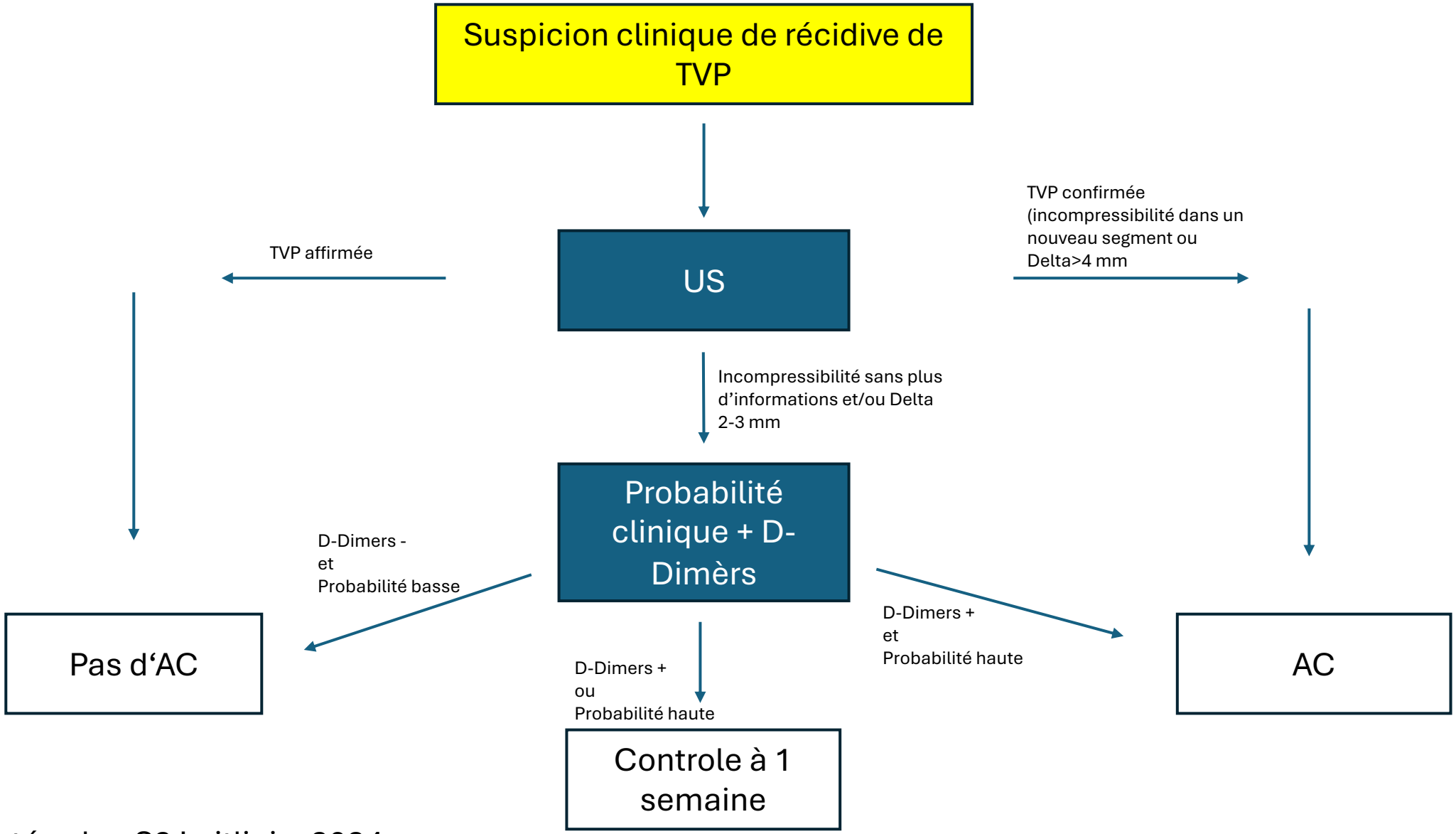
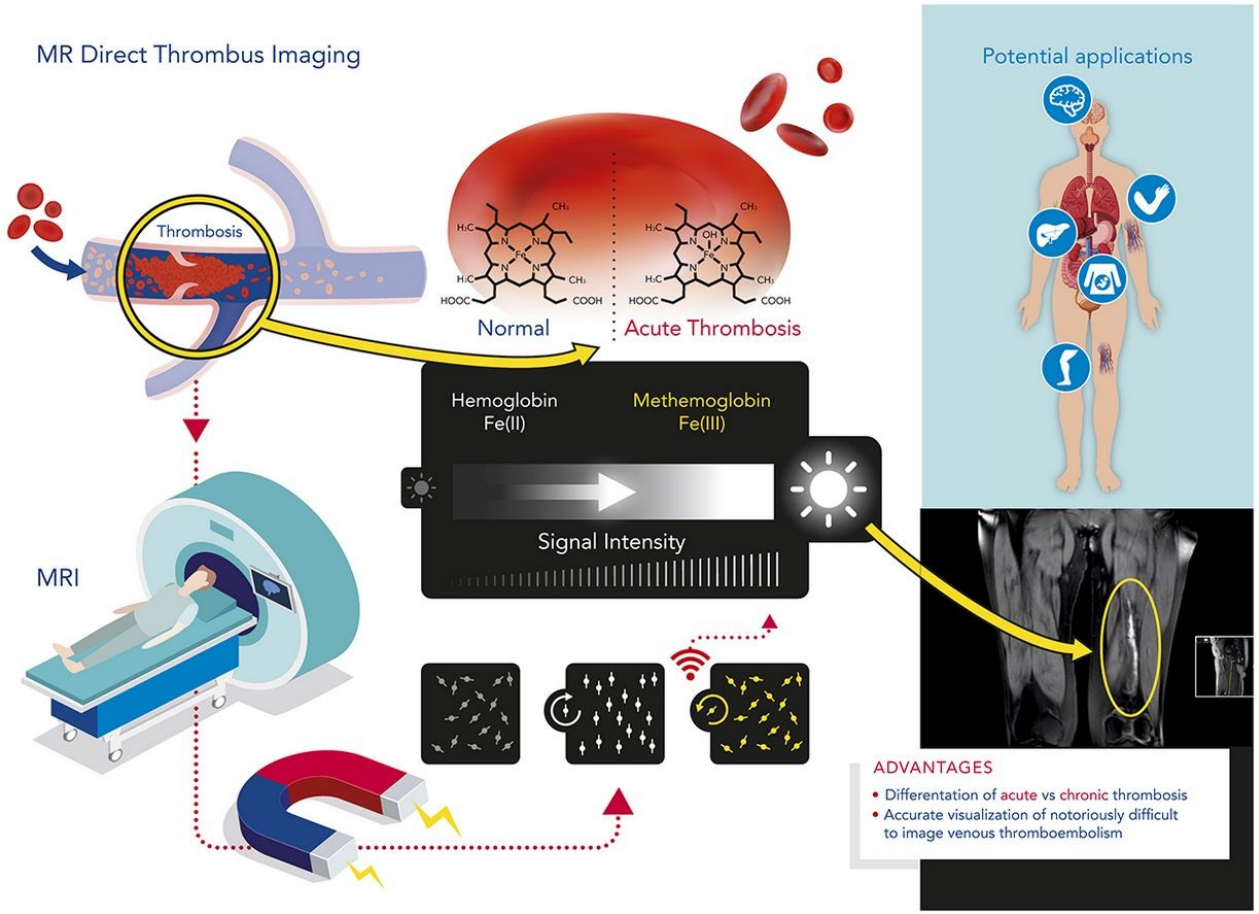
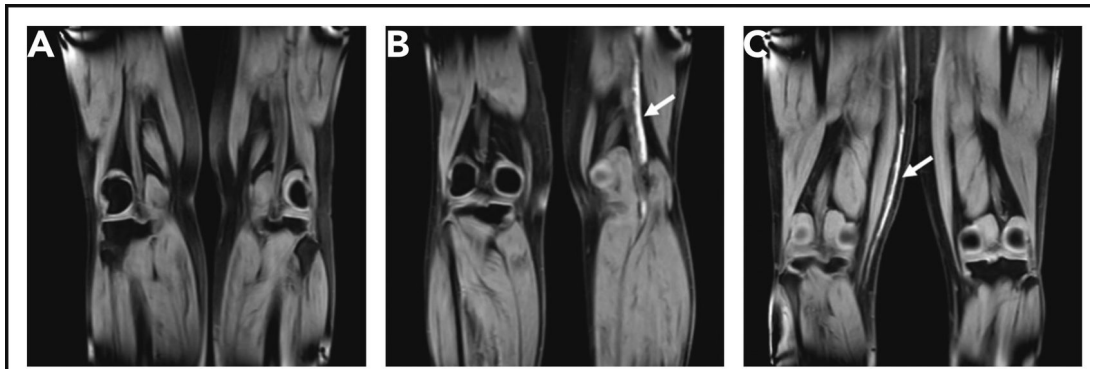


Schema adapté selon S2 Leitlinie, 2024

IRM





- Examen de 10 minutes
- “Formation of methemoglobin in a fresh thrombus that appears as a high signal when imaged on a T1-weighted magnetic resonance imaging (MRI) sequence by measurement of the shortening T1 signal”
- Diminution de l’insecurité diagnostique de 30% à 1,2%

Van Dam et al., Blood, 2020

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„Take home message“

- A la fin du traitement anticoagulant d‘une TVP (proximale)

→ US obligatoire

- Suspicion de récidive → Echographie d‘emblée
- IRM: Une option thérapeutique pour la suspicion de récidive de TVP

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Merci pour votre attention

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