



## Treatment Strategy for Deep Vein Thrombosis

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### DESCRIPTION

Deep Vein Thrombosis (DVT) occurs when a blood clot (thrombus) forms in one or more deep veins (usually the legs) in the body. Deep vein thrombosis can cause pain and swelling in the lower extremities, but it can occur in the absence of symptoms. If we have certain conditions that affect blood clotting, we can get DVT, if we do not move for a long time, blood clots in our legs may also occur. As well as we may get DVT after surgery or accident, on a long trip or resting in bed.

Deep vein thrombosis can be very serious because the blood clots can break up in the veins, move through the bloodstream, stay in the lungs and block the blood stream (pulmonary embolism). However, pulmonary embolism can occur without evidence of deep vein thrombosis.

When DVT and pulmonary embolism occur together, then it is called Venous Thromboembolism (VTE). Deep vein thrombosis is also known as venous thrombosis. Venous thrombosis is a thrombosis that occurs in the deep veins of the body. Blood clots can partially or completely block blood flow through veins. Most DVT occurs in the lower legs, thighs or pelvis, but it can also occur in other parts of the body, such as the arms, brain, intestines, liver and kidneys.

Although the DVT itself is not life-threatening, it can break blood clots, pass through the bloodstream and stay in the blood vessels of the lungs which are known as pulmonary embolism. This can be life-threatening. Therefore, prompt diagnosis and treatment are required. DVT can also cause leg complications called chronic venous insufficiency or post-thrombosis syndrome. This condition is characterized by blood accumulation, chronic swelling of the lower extremities, increased pressure, increased skin pigmentation or discoloration and leg ulcers known as venous congestive ulcers.

The mechanism behind deep vein thrombosis formation is usually associated with a combination of decreased blood flow, increased propensity to coagulate, changes in the walls of blood

vessels and inflammation. Risk factors include recent surgery, aging, active cancer, obesity, infections, inflammatory diseases, antiphospholipid antibody syndrome, individual and family history of VTE, trauma, injury, lack of exercise, hormonal contraception, pregnancy and Includes postpartum period. Venous thromboembolism has a strong genetic component that accounts for about 50% to 60% of fluctuations in VTE rates. Genetic factors include NonO blood group, antithrombin, protein C and protein S deficiency and factor V Leiden and prothrombin G20210A mutations. Overall, dozens of genetic risk factors have been identified.

Individuals with suspected DVT can be evaluated using predictive rules such as Wells Score. We can also use the dimer test to rule out diagnostics or notify us that we need to test further. Diagnosis is most commonly confirmed by ultrasonography of suspicious veins. VTE becomes much more common with age. This condition is rare in children, but it occurs in almost 1% of children over the age of 85 each year. Asians, Asian Americans, Native Americans and Hispanics are at lower risk of VTE than white or black people. The VTE rate of the Asian population is 15% to 20% of what is found in Western countries.

Patients with DVT may require hospital treatment. Others can be treated out patiently.

Treatment includes medication, compression stockings and lifting of the affected leg. Larger blood clots may require more invasive tests and treatment. The main goals of treatment are:

Stop the clot from getting bigger.

Prevents blood clots in the veins from breaking and moving to the lungs.

Reduces the risk of another blood clot.

Prevents long-term complications (chronic venous insufficiency) due to blood clots.

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