DVT In ICU: Frequency and Risk Factors

Corresponding Author:
Dr. Antonio Galzerano,
MD, Anaesthesiology and Resuscitation Department, 06125 - Italy

Submitting Author:
Dr. Antonio Galzerano,
MD, Anaesthesiology and Resuscitation Department, 06125 - Italy

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DVT In ICU: Frequency and Risk Factors

Author(s): Galzerano A, Brunetti B, Duri D, Pasqualucci A

Abstract

DVT is one of the most frequent complications in medical and surgical patients in ICU and it often appears with pulmonary embolism (PE). The aim of this study was to assess the frequency of the deep venous thrombosis (DVT) in patients hospitalized in intensive care unit (ICU) and the risk factors associated with DVT.

Materials and methods: We evaluated 76 consecutive patients (49 M vs 27 F; mean age 57.48 ±20.36 years) admitted to ICU from October 2007 to April 2008. The diagnosis of DVT was made by doppler ultrasonography (US) that was performed within 4 days from hospitalization. In selected patients, the examination was repeated at day 8 (±2 days). Patients admitted for PE were excluded. All patients admitted in the ICU received 4000 UI of LMWH (enoxaparin) as prophilatic dose, except those with active intracranic bleeding or at high risk, were we used physical prophylaxis (antithrombotic stockings).

Results: Within 4 days, 47% of the patients had DVT on US (5% proximal and 32% distal). The risk factors associated with DVT are: varicose syndrome (9.2%), haemorragic stroke (36.8%), ischemic stroke (9.2%), ischemic cardiopathy (31.5%), past pharmacology therapy (52%). No PE was present during hospitalization.

Conclusions: DVT was present in 47% of the patients within 4 days from hospitalization and 9.3% of the patients if they were evaluated within 8 days.
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