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DIAGNOSIS AND TREATMENT OF DVT AND PREVENTION OF DVT RECURRENCE AND THE PTS: BRIDGING THE GAP BETWEEN DVT AND PTS IN THE PRIMARY CARE SETTING OR OUTPATIENT WARD

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Based on personal experiences and evidence-based objective diagnostic tools, in 2005 we developed the Rotterdam concept (Figure 1) to safely exclude and diagnose DVT, 2,3,7–10 as per the following reasoning. First, a negative CDUS and a negative enzyme-linked immunosorbent assay (ELISA) D-dimer (VIDAS® [BioMerieux, Lyon, France], 500 ng/mL) test excluded DVT with a sensitivity and specificity near 100%, irrespective of the clinical score assessment. After a first negative CDUS, the prevalence of DVT in routine daily practice is uniformly low at 2%–3%. 7–10 The combination of a negative qualitative D-dimer test (SimpliRED or Simplify) and low clinical score should be estimated as not being safe enough, mainly because the prevalence of DVT in the low clinical score group may vary widely (3%–12%). 2,3 The safest, most effective, and sensitive approach to determine DVT and AD exclusion is to start with objective testing via CDUS, followed by a sensitive D-dimer test without the use of or need for clinical score assessments (Figure 1). A first negative CDUS and a negative sensitive D-dimer test (ELISA VIDAS, 500 ug/mL) excludes DVT,

irrespective of the clinical score assessment (left arm; Figure 1). The combination of a first negative compression ultrasonography (CUS), a low clinical score with a VIDAS D-dimer level of 1,000 ug/mL, a Tina-quant® (Hoffman-La Roche Ltd, Basel, Switzerland) level 800 ug/mL, or a negative SimpliRED or Simplify test safely excluded DVT with an NPV of near to 100% in four prospective outcome studies 7–10 (middle arm; Figure 1). Those patients with a clear suspicion of DVT with a moderate to high Rotterdam clinical score and with pronounced increased D-dimer levels (VIDAS 1,000 ug/mL; Tina-quant 800 ug/mL) or a positive qualitative D-dimer SimpliRED or Simplify test are candidates for a repeated DUS of the legs after 1 week (right arm; Figure 1). 3 The Rotterdam concept in Figure 1 is under investigation in two prospective management studies of more than 2,000 patients, which were conducted in the period between 2006–2012 (Michiels et al unpublished data 2014).

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