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Clinical experience with optional cava filters

Background: Insertion of a permanent vena cava filter has been shown to reduce the occurrence of pulmonary embolism despite an increased risk in DVT at long-term [1]. Considering these results, optional filters offer the ability to be removed or not according to PE exposure.

Methods: A study was performed to assess for filter efficacy and for ability to remove the optional filter (ALN Filter [2]) in patients presenting with a severe acute venous thromboembolism associated with at least one indication of filter such as contra-indications to anticoagulant (mainly due to a haemorrhagic phenomena), acute major surgery, recurrence of venous thromboembolism despite anticoagulant.

Results: This study included 54 patients (mean age 70 yrs \pm 15) presenting with DVT (26%), pulmonary embolism (13%) or both (61%). Filter placement was done via femoral (55%), brachial (39%) or jugular access (6%). The follow-up is ongoing. To date, after a median follow-up of 4.3 months, there was one episode of pulmonary embolism and 2 thromboses in the filter. A decision of removal was taken for 13 patients (24%): all filter retrievals were successful without any complication. The median implantation period was 22 days (range, 11 days - 3 months).

Conclusion: These preliminary results confirm the efficacy of the ALN filter. They also demonstrate the feasibility and safety of retrieval up to 3 months after implantation. A longer follow-up will be presented at the 2003 ISTH meeting.

1. Decousus et al. *N Engl J Med* 1998; 338: 409-15.
2. Montanari S et al. *Biomaterials Seminar*, Seattle 2001.