CLINICAL EXPERIENCE WITH OPTIONAL VENA CAVA FILTERS

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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 the 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 anticoagulants (mainly due to a haemorrhagic phenomena), acute major surgery, recurrence of venous thromboembolism despite anticoagulants.

Results: This study included 139 patients (mean age 70yrs ± 15) presenting with DVT (25 %), pulmonary embolism (13 %) or both (61 %). Filter placement was done via femoral (76 %), brachial (16 %) or jugular access (8 %). The follow-up is ongoing. To date, after a median follow-up of 8,2 months, there was one episode of pulmonary embolism and 2 thromboses in the filter. A decision of removal was taken for 34 patients (24 %): all filter retrievals were successful without any complication except for one case with a wrong insertion of the filter. The median explantation period was 37 days (range, 6 days – 13 months).

Conclusion: Theses preliminary results confirm the efficacy of the ALN filter. They also demonstrate the feasibility and safety of retrieval up to 13 months after implantation.