

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 \pm 15) presenting with DVT (26 %), 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 : These preliminary results confirm the efficacy of the ALN filter. They also demonstrate the feasibility and safety of retrieval up to 13 months after implantation.

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