Clinical Experience with Retrievable ALN Vena Cava Filters

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Mismetti P, Rivron-Guilhot K, Quenet S, Decousus H, Laporte S, Barral FG

Background: The ALN filter may be left in place permanently or may be retrieved when the PE risk or the temporary contraindication to anticoagulation are over. We report clinical experience up to 18 months after implantation.

Materials: All consecutive patients who underwent ALN filter implantation at the university hospital of Saint-Etienne since April 1999 are followed-up up to 18 months after implantation.

Results: The first 135 ALN filters indications (91 women; mean age 72 years) are all secondary prevention indications. They included definitive or temporary contraindications to anticoagulation mainly due to acute bleeding (53%), major planned surgery (33%), recurrent DVT/PE despite correct anticoagulant therapy (13%) and PE prophylaxis in very high risk patients (2%). ALN filters were successfully implanted in 133 patients mostly via a transfemoral approach (78%). Implantation was impossible due to extrinsic vein compression in 2 patients. Twelve (9%) immediate complications occurred: 2 filter migrations, 4 tilts, 4 site puncture hematoma and 1 infection. After filter insertion or when the temporary contra-indication finished, an anticoagulant treatment was prescribed to 119 patients (88%). Follow-up is already complete for 80% of these patients. During filter placement, no PE occurred, 19 patients (14%) experienced at least one episode of DVT (6 associated filter thromboses), 16 patients (12%) experienced a bleeding and 46 patients (34%) died, all from causes unrelated to the filter. All 36 attempted filter retrievals were successful via a jugular approach. Median implantation time was 36 days (range, 6 days–12 months). After retrieval, no thromboembolic events occurred (median follow-up: 16 months; range, 12 days–18 months).

Conclusion: To date, insertion and retrieval of ALN filters seem safe and feasible up to 12 months after implantation. This prospective cohort on the ALN filter is ongoing: follow-up results on at least 200 patients will be presented at the ISTH 2005 meeting.

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