

LETTERS TO THE EDITOR

More on: clinical experience with retrievable vena cava filters – results of a prospective observational multicenter study

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See also Hull RD. Changes in the technology of inferior vena cava filters promise improved benefits to the patient with less harm, but a paucity of evidence exists. *J Thromb Haemost* 2005; 4: 1368–9; Imberti D, Bianchi M, Farina A, Siragusa S, Silingardi M, Ageno W. Clinical experience with retrievable vena cava filters: results of a prospective observational multicenter study. *J Thromb Haemost* 2005; 4: 1370–5.

We read with interest the paper by Imberti *et al.* [1] and agree with their views regarding the need for documentation of the length of implantation time for retrievable vena cava filters. The authors report an average implantation time of 123 days with a maximum of 345 days.

In our own recent experience (21 filters implanted and only 12 already extracted at the moment), the longest implantation time was 485 days in a 35-year-old man in which filter implantation was indicated for proximal deep vein thrombosis in a context of acute alcoholic pancreatitis with abdominal bleeding. The patient was momentarily lost for follow-up after hospital discharge but came back to our institution 15 months later. Decision to make an attempt at removing the filter was taken despite this long delay because of his poor compliance for any kind of follow-up and the absence of permanent risk factor for thromboembolic disease. Correct position of filter and permeability of vena cava were confirmed by computed tomographic scan prior to the procedure. The filter was easily extracted using the procedure recommended by the manufacturer without any mechanical damage to the venous wall. The examination of the filter *ex vivo* revealed only minor clots in the legs. The implantation time in our patient is, to our knowledge, the longest described in the literature [1,2].

As with other authors [3], we believe that the interest of using such temporary filters increases when the expected period of implantation time can be counted in weeks or months rather than in days, and agree that further scientific evidence is needed [4] before such long implantation durations, as in the case we report, should be encouraged. In the mean time, we feel that such individual experience driven by unusual clinical situations should be reported in order to make the information available. A large multicenter register could be the most efficient way for this purpose.