**MANAGEMENT OF VENOUS THROMBOEMBOLISM**

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We evaluated clinical profiles of patients with deep venous thrombosis (DVT) and usefulness of anticoagulant therapy for treatment of DVT. 181 patients with symptomatic DVT and 102 with asymptomatic DVT were studied. In symptomatic DVT, 42 patients had PE and 3 of them died of PE. However, 17 died of other diseases including cancer. In asymptomatic DVT, 1 patient died of PE and 12 died of other diseases. And the patients with DVT underwent anticoagulant therapy were also evaluated. The treated patients with DVT was divided into thigh DVT( TDVT:from common iliac to popliteal vein) and calf DVT( CDVT:soleus, tibilal) group. The 56 patients with TDVT and 55 with CDVT were studied. Administration of heparin followed by warfarin or oral warfarin administration was performed in the patients of warfarin group. In 9 patients, novel oral anticoagulant (NOAC) was administered. In NOAC group, 4 had TDVT, and 6 had CDVT. Venous thrombus disappeared or decreased in size in 5 patients (83.3 %) with CDVT and 3(75 %) patients with TDVT. In warfarin group venous thrombus disappeared in 30 patients ( 57.7 %) with CDVT and 12 patients ( 24.4 %) with TDVT. In 3 patients with thrombus of mixed with green color by ultrasonic elastography, thrombus disappeared or decreased in size, however it did not change in 3 with thrombus of blue color. In patients with DVT, warfarin therapy is useful for acute thrombosis in patients with elevated D-dimer, however, chronic thrombus appeared to be resistant to anticoagulant therapy. Thigh DVT was more resistant to anticoagulant therapy than calf DVT. Poor prognosis of patients with DVT does not appear to be dependent on PE.