

# Treating DVT

Deep vein thrombosis (DVT) represents one of the biggest epidemic diseases in our country. Although there has been major progress in the advancement of reperfusion of arterial obstructive disease, relatively little has changed in the area of venous occlusive disease. A major problem is the widespread use of heparin as a treatment of choice, even in patients who are known to have very high risk for delayed symptoms, such as venous insufficiency, including patients with extensive iliofemoral and caval venous thrombosis. Anticoagulation is effective in preventing the extension of thrombosis, but does nothing to allow recanalization and prevent valvular damage that will ultimately produce chronic stasis syndromes and even venous ulcers.

As a result of the use of enoxaparin, a relatively simple therapy that can be performed on an outpatient basis, many primary care physicians do not discriminate between extensive DVT and milder cases. In this issue of *Endovascular Today*, we examine exciting new technologies for establishing rapid reperfusion in DVT. The clinical imperative that all of us share, however, is to begin the process of changing the mindset of internists and primary care physicians so that they recognize the long-term effects of DVT. Also, in addition to developing new techniques, we need to conduct trials that will convince our colleagues that a more aggressive approach is warranted.

The featured cover story of this issue details the device options available to treat DVT. Peter

H. Lin, MD, et al provide a comprehensive overview of the background and clinical consequences of DVT, and go on to discuss treatment strategies. They also provide an illustrative case review detailing the use of the AngioJet device for pharmacomechanical thrombectomy of iliofemoral DVT. Zvonimir Krajcer, MD, and Satya Reddy Atmakuri, MD, present preliminary data suggesting that one-step use of the Trellis-8 device might offer a safe and effective procedure for treating DVT. The use of ultrasound as a treatment modality for DVT has also recently gained interest. Michael J. Hallisey, MD, provides us with an overview of the OmniSonics Resolution system, and Rodney A. Raabe, MD, offers a look at the EKOS Lysus system. Both of these devices appear to offer potential for treating DVT.

In addition to this month's cover story, we provide our annual sub-feature on closure devices. Zoltan Turi, MD, honors us with his yearly update on the state of closure device technology, and David E. Allie, MD, et al discuss their experience using the Boomerang device.

Tak Ohki, MD, explores the evolving relationship between physicians and industry in our Industry Perspective section. Also, Dorothy B. Abel and Angela C. Smith explain how the FDA is involved in peripheral device regulation by evaluating the potential of standardized objective performance criteria and control datasets.

We hope that you find this issue of *Endovascular Today* to be exciting and informative. ■



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