

FROM THE JOURNALS

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FOCUS ON VTE:

The CLOTS (Clots in Legs Or sTockings after Stroke) Trial Collaboration. Thigh-Length Versus Below-Knee Stockings for Deep Venous Thrombosis Prophylaxis after Stroke: A Randomized Trial.

Ann Internal Med, November 2, 2010; 153:553-562

Patients with stroke are at increased risk of VTE and, while graduated compression stockings are commonly used for DVT prophylaxis, there is no reliable evidence that below-the-knee stockings are as effective as thigh-high stockings. In this randomized trial, the primary outcome was DVT in the femoral or popliteal vein on compression duplex ultrasound, done at days 7 and 30 after randomization. Thigh-high stockings proved to be superior, with an absolute difference of 2.5% (6.3% vs. 8.8%, $p=0.008$).

A Population-based study of Inferior Vena Cava Filters in patients with Acute Venous Thromboembolism

Spencer, FA et al., Arch Internal Med, 2010; 170(16): 1456-1462

This retrospective chart review studied the frequencies, indications and outcomes after IVC filter placement in a cohort of patients in Worcester, MA. Results showed that 13.1% of patients with confirmed VTE had a filter placed. A panel of thrombosis experts concluded that placement of the filter was appropriate in 51% of cases, was inappropriate in 26% and could not be determined in 23%. On average, patients with IVC filter placement had more co-morbidities and had a higher mortality than age-matched controls.

AVERROES Steering Committee and Investigators. Apixaban in patients with Atrial Fibrillation

NEJM 2011; 364:806-817

Apixaban is a novel factor Xa antagonist shown to be safe and effective in the prevention of thromboembolism after elective orthopedic surgery. In this study, patients with chronic atrial fibrillation who were unsuitable for vitamin K antagonists were randomized to apixaban (5 mg orally BID) or ASA (81-324 mg daily). Primary outcomes were the occurrence of stroke or systemic embolism. Patients in the apixaban group were less than half as likely as those in the ASA group to develop the primary outcomes (HR=0.45, [CI] 0.32-0.62, $p<0.001$). Rates of death and major bleeding did not differ significantly between the groups. Incidentally, the risk of first hospitalization for cardiovascular causes was significantly lower in the apixaban group (12.6% vs. 15.9% per year, $p<0.001$).

ID CORNER

WILLIAM SALZER MD

CYSTITIS & PYELONEPHRITIS

The IDSA has just updated its practice guidelines for uncomplicated cystitis and pyelonephritis:

International practice guidelines for the treatment of uncomplicated cystitis and pyelonephritis in women: A 2010 update by the Infectious Disease Society of America and the European Society for Microbiology and Infectious Diseases.

Gupta et al., Clin Infect Dis 2011; 52:561

<http://cid.oxfordjournals.org/content/52/5/e103.full.pdf+html>