Fiebre y otros síntomas en los pacientes con trombosis venosa

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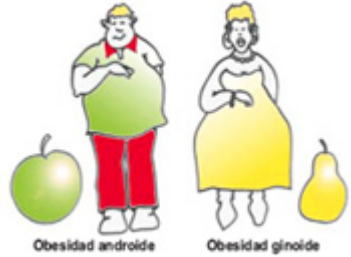
¿Pueden ayudarnos las características morfológicas de los pacientes a establecer un pronóstico en la enfermedad tromboembólica?

¿Sirven los síntomas y signos a la hora de determinar la evolución clínica de los pacientes con trombosis venosa profunda?

Tenemos una cohorte de 14,814 pacientes con diagnóstico de trombosis venosa profunda con las siguientes características:

- **47.9% son mujeres**
- **Edad media: 64.12 (17.6)**
- **Peso medio:**
  - **Hombre 78.2 kilos (SD 13.8)**
  - **Mujer 69.4 (SD 13.8)**
- **Altura media:**
  - **Hombre 169.8 (SD 7.7)**
  - **Mujer 158.4 (SD 7.7)**

Distribución IMC:



IMC	Hombre	Mujer
<18.5	1.1%	1.9%
18.5-25	30.0%	30.6%
25-30	47.0%	38.6%
>30	21.9%	28.9%

Distribución Altura:

IMC	Hombre	Mujer
Primer cuartil	<165	<153
Segundo cuartil	165-170	153-159
Tercer cuartil	170-175	159-164
Cuarto cuartil	>175	>164

-55% tienen una enfermedad concomitante

-2.4% han tenido una hemorragia previa

-21.2% tienen cáncer:

- -Más frecuente el colorrectal
- -Mama
- -Próstata
- -Pulmón
- -Hematológico

-45.5% tienen metástasis

-34% están en tratamiento con quimioterapia

-11.6% antecedente de cirugía en el mes previo

-Un 25.2% ha estado inmovilizado por causa no quirúrgica

-2.2% ha hecho un viaje en las semanas previas

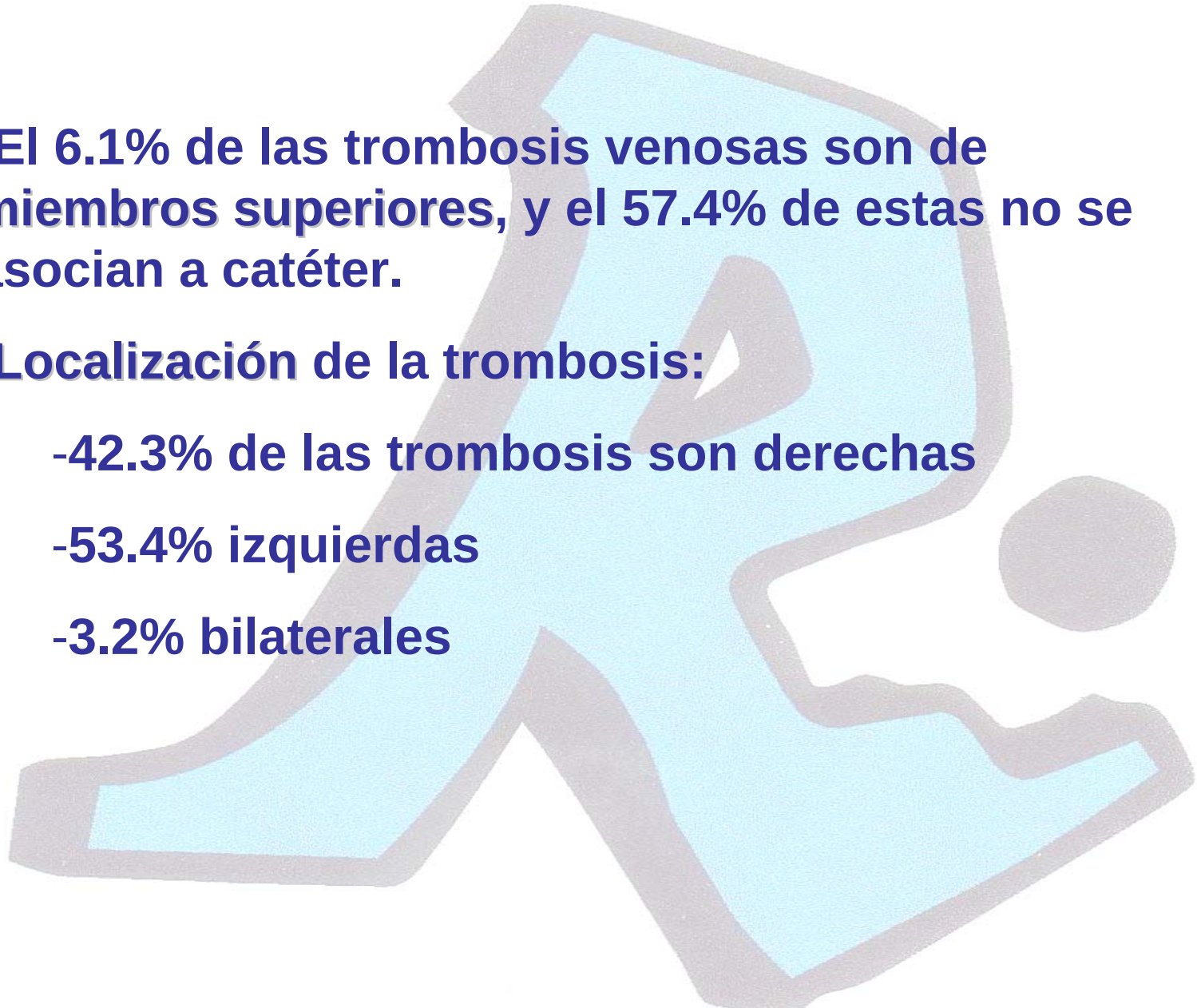
-16.2% antecedente de enfermedad tromboembólica

-12.2% insuficiencia renal (aumento de creatinina)

-4.8% tienen fiebre en el momento del diagnóstico (<38ºC)

-93.9% tienen tumefacción en la exploración

-87.3% tienen dolor en la extremidad



-El 6.1% de las trombosis venosas son de miembros superiores, y el 57.4% de estas no se asocian a catéter.

-Localización de la trombosis:

-42.3% de las trombosis son derechas

-53.4% izquierdas

-3.2% bilaterales

-Un 18.4% de los pacientes tienen anemia (<11 gr Hb)

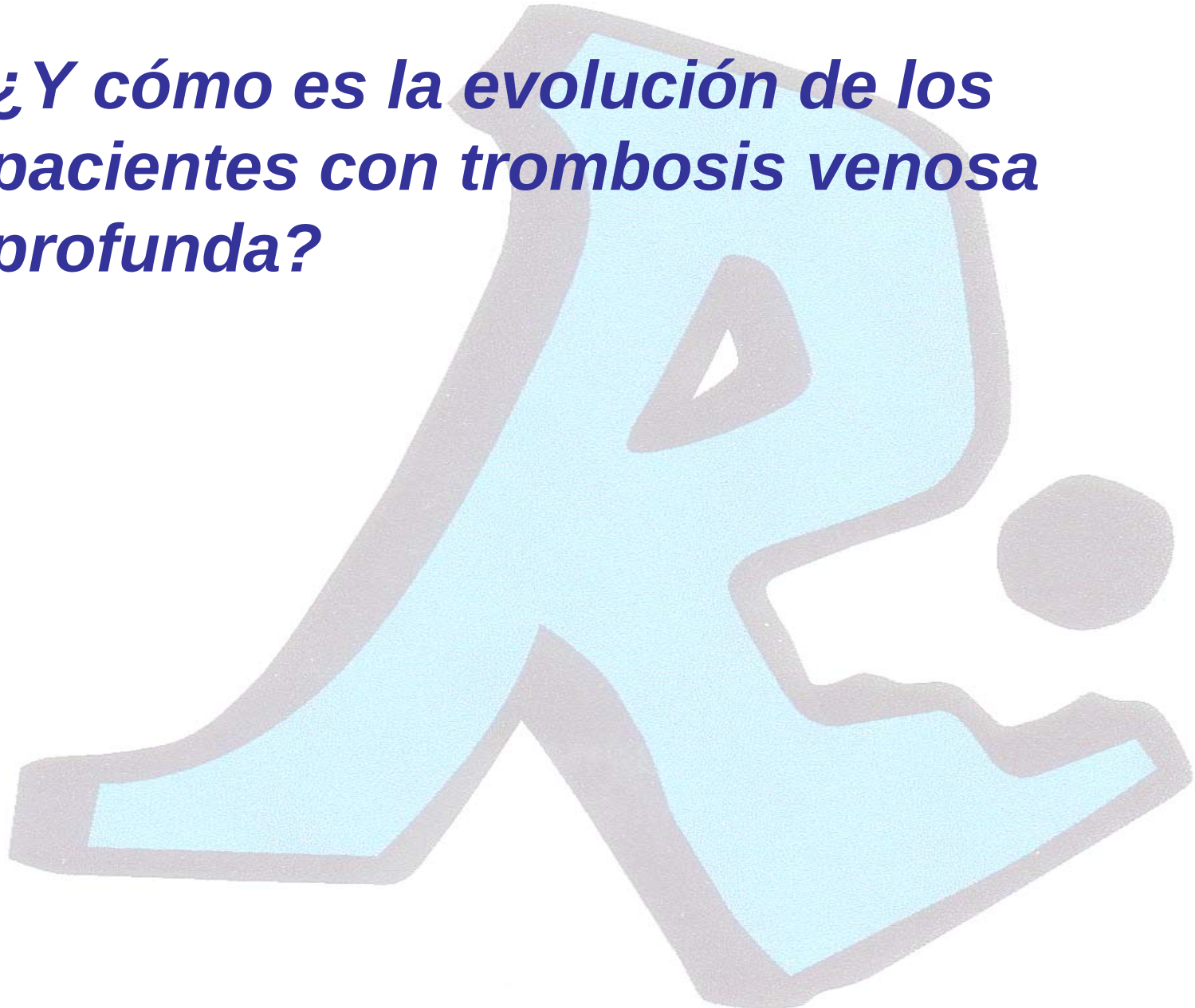
-Un 31% tienen leucocitosis

-Un 1.8% de los pacientes tienen trombopenia en el momento del diagnóstico y un 3,6% trombocitosis

-El 25% tiene alteraciones en el fibrinógeno

-Un 6.4% tiene alterado el tiempo de protrombina

¿Y cómo es la evolución de los pacientes con trombosis venosa profunda?



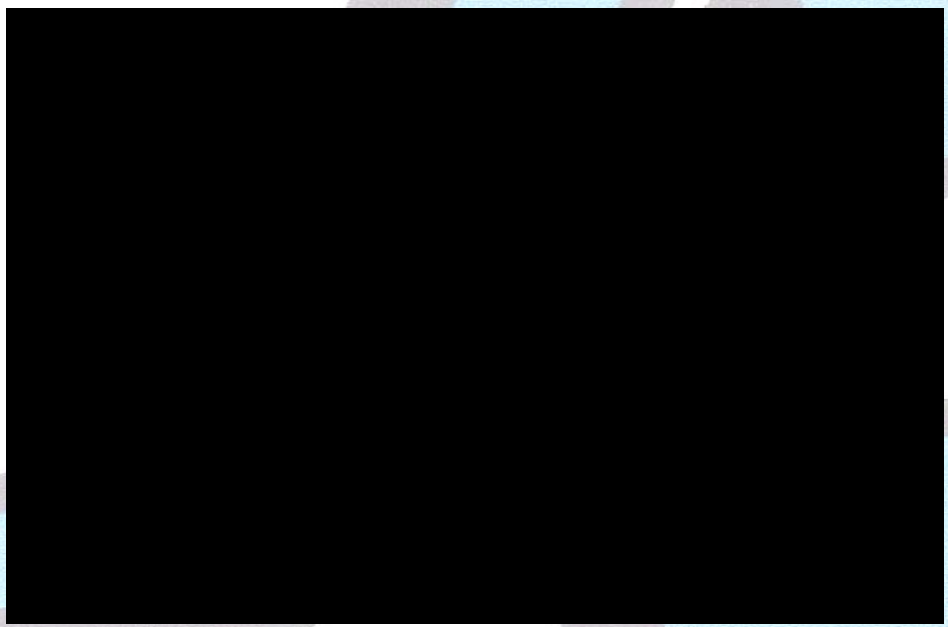
9.7% pacientes fallecen

4.8% de los pacientes con trombosis venosa profunda recidivan en el seguimiento:

- 73.2% trombosis venosa profunda

-26.8% tromboembolismo pulmonar

5.5% pacientes tienen una hemorragia en la evolución. 42.7% de los casos es grave



Sabiendo todo esto, ¿nos podemos preguntar cómo se relacionan los antecedentes, síntomas, signos, datos analíticos o antropomórficos del paciente con trombosis venosa profunda con su evolución clínica?

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Thirty-day mortality rate in women with cancer and venous thromboembolism. Findings from the RIETE Registry

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ARTICLE INFO

Keywords:
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Venous thromboembolism
Mortality
Women

ABSTRACT

The influence of the site of cancer on outcome in cancer women with venous thromboembolism (VTE) is poorly understood. Reliable information on its influence might facilitate better use of prevention strategies.

We assessed the 30-day outcome in all women with active cancer in the RIETE Registry, trying to identify if differences exist according to the tumor site.

Up to May 2010, 2474 women with cancer and acute VTE had been enrolled. The most common sites were the breast (26%), colon (13%), uterus (9.3%), and haematologic (8.6%) cancers. During the 30-day study period, 329 (13%) patients died. Of them, 71 (2.9%) died of pulmonary embolism (PE), 22 (0.9%) died of bleeding. Fatal PE was more common in women with breast, colorectal, lung or pancreatic cancer (59% of the fatal PEs). Fatal bleeding was more frequent in women with colorectal, haematologic, ovarian cancer or carcinoma of unknown origin (55% of fatal bleedings).

Clinical outcome of patients with major bleeding after venous thromboembolism

Findings from the RIETE Registry*

José Antonio Nieto[1], Timoteo Camara[1], Elena Gonzalez-Higueras[1], Nuria Ruiz-Gimenez[2], Ricardo Guijarro[3], Pablo Javier Marchena[4], Manuel Monreal[5]; for the RIETE Investigators*

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Summary

The natural history of patients with venous thromboembolism (VTE) who develop a major bleeding complication while on anticoagulant therapy is not well known. RIETE is a prospective registry of consecutive patients with symptomatic, objectively confirmed, acute VTE. The clinical characteristics, treatment decisions and outcome of all VTE patients who had major bleeding during the first three months of anticoagulant therapy were retrospectively studied. As of January 2007, 17,368 patients were included in RIETE. Of these, 407 (2.3%) had major bleeding during the study period: 144 gastrointestinal, 119 haematoma, 51 intracranial, 43 genitourinary, 50 other. In 286 (69%) patients anticoagulant therapy was discontinued, in 74 (18%) not modified, in 38 (9.1%) a vena cava filter was inserted. During the first 30 days after bleeding, 24 (5.9%) patients re-bled, 20 (4.9%) had recurrent VTE, 133 (33%) died. Of these, 75 died of bleeding, 12 of recurrent pulmonary embolism. Most deaths occurred shortly after the bleeding episode (median: 1 day). On multivariate analysis, insertion of a vena cava filter was the only variable independently associated with a lower incidence of fatal bleeding (odds ratio [OR]: 0.10; 95% confidence interval [CI]: 0.01–0.79) and all-cause mortality (OR: 0.21; 95%CI: 0.07–0.63). In conclusion, the occurrence of major bleeding in patients with VTE is outstanding in terms of overall mortality (33% within 30 days), fatal bleeding (18%) or re-bleeding (5.9%). However, these patients also have an increased incidence of recurrent VTE (4.9%) and fatal pulmonary embolism (1.2%).

Keywords

Venous thromboembolism, major bleeding, anticoagulant therapy, outcome

Thromb Haemost 2008; 100: 789–796

Elevated white blood cell count and outcome in cancer patients with venous thromboembolism

Findings from the RIETE Registry*

Javier Trujillo-Santos[1], Pierpaolo Di Micco[2], Mariateresa Iannuzzo[3], Ramón Lecumberri[4], Ricardo Guijarro[5], Olga Madridano[6], Manuel Monreal[7]; for the RIETE Investigators

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Summary

A significant association between elevated white blood cell (WBC) count and mortality in patients with cancer has been reported, but the predictive value of elevated WBC on mortality in cancer patients with acute venous thromboembolism (VTE) has not been explored. RIETE is an ongoing registry of consecutive patients with acute VTE. We compared the three-month outcome of cancer patients with acute VTE according to their WBC count at baseline. As of May 2007, 3805 patients with active cancer and acute VTE had been enrolled in RIETE. Of them, 215 (5.7%) had low- (<4,000 cells/μl), 2,403 (63%) normal- (4,000–11,000 cells/μl), 1,187 (31%) elevated (>11,000 cells/μl) WBC count. During the study period 190 patients (5.0%) had recurrent VTE, 156 (4.1%) major bleeding, 889 (23%) died (399 of disseminated cancer, 113 of PE, 46 of bleeding. Patients with elevated WBC count at baseline had an increased incidence of recurrent VTE (odds ratio [OR]: 1.6; 95% confidence interval [CI]: 1.2–2.2), major bleeding (OR: 1.5; 95% CI: 1.1–2.1) or death (OR: 2.7; 95% CI: 2.3–3.2). Most of the reported causes of death were significantly more frequent in patients with elevated WBC count. Multivariate analysis confirmed that elevated WBC count was independently associated with an increased incidence of all three complications. In conclusion, cancer patients with acute VTE and elevated WBC count had an increased incidence of VTE recurrences, major bleeding or death. This worse outcome was consistent among all subgroups and persisted after multivariate adjustment.

Keywords

Cancer, leukocytosis, venous thromboembolism, outcome

Thromb Haemost 2008; 100: 905–911

The American Journal of Medicine (2006) 119, 1073-1079

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CLINICAL RESEARCH STUDY

Venous Thromboembolism in Patients with Renal Insufficiency: Findings from the RIETE Registry

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ABSTRACT

BACKGROUND: Current guidelines make no specific recommendations for venous thromboembolism (VTE) treatment in patients with renal insufficiency, but some experts recommend some reduction in heparin dose.

METHODS: Registro Informatizado de Enfermedad TromboEmbólica (RIETE) is an ongoing, prospective registry of consecutively enrolled patients with objectively confirmed, symptomatic, acute VTE. In this analysis we retrospectively analyzed the effect of renal insufficiency on the incidence of fatal pulmonary embolism (PE) and fatal bleeding within 15 days of diagnosis.

RESULTS: Up to March 2005, 10,526 patients with acute VTE were enrolled in RIETE, of whom 9234 (88%) had a creatinine clearance (CrCl) greater than 60 mL/min, 704 (6.7%) had a CrCl 30 to 60 mL/min, and 588 (5.6%) had a CrCl less than 30 mL/min. The incidence of fatal PE during the study period was 1.0%, 2.6%, and 6.6%, respectively. Fatal bleeding occurred in 0.2%, 0.3%, and 1.2% of the patients, respectively. On multivariate analysis, patients with a CrCl less than 30 mL/min were independently associated with an increased risk for fatal PE and fatal bleeding. In addition, initial diagnosis of PE, immobility for 4 days or more, cancer, and initial therapy with unfractionated heparin were independent predictors of fatal PE; whereas immobility for 4 days or more and cancer were independent predictors of fatal bleeding.

CONCLUSIONS: Patients with VTE who have renal insufficiency had an increased incidence of both fatal PE and fatal bleeding, but the risk of fatal PE far exceeded that of fatal bleeding. Our data support the use of full-dose anticoagulant therapy, even in patients with a CrCl less than 30 mL/min.

KEYWORDS: Venous thromboembolism; Renal insufficiency; Anticoagulant therapy

Journal of Thrombosis and Haemostasis, 3: 1–7 DOI: 10.1111/j.1538-7836.2005.01304.x

IN FOCUS

The influence of extreme body weight on clinical outcome of patients with venous thromboembolism: findings from a prospective registry (RIETE)

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Journal of Thrombosis and Haemostasis, 6: 595–600 DOI: 10.1111/j.1538-7836.2008.02907.x

ORIGINAL ARTICLE

Body mass index and mortality in patients with acute venous thromboembolism: findings from the RIETE registry

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Summary. *Background:* There is little information on the influence of body mass index (BMI) on mortality in patients with acute venous thromboembolism (VTE). *Patients and methods:* RIETE is an ongoing registry of consecutive patients with symptomatic, objectively confirmed, acute VTE. We examined the association between BMI and mortality during the first 3 months of therapy. *Results:* Of the 10 114 patients enrolled as of March 2007: 153 (1.5%) were underweight (BMI < 18.5); 2882 (28%) had a normal weight (BMI 18.5–24.9); 4327 (43%) were overweight (BMI 25.0–30); and 2752 (27%) were obese (BMI > 30). The overweight and obese patients were significantly older, and were less likely to have had cancer, recent immobility or renal insufficiency. After 3 months of therapy their death rates were 28%, 12%, 6.2% and 4.2%, respectively. In multivariate analysis, the relative risks for death after adjusting for confounding variables including age, cancer, renal insufficiency or idiopathic VTE were: 2.1 (95% CI, 1.5–2.7); 1.0 (reference); 0.6 (95% CI, 0.5–0.7); and 0.5 (95% CI, 0.4–0.6), respectively. The rates of fatal pulmonary embolism (2.0%, 2.1%, 1.2% and 0.8%, respectively) also decreased with BMI. There were no differences in the rate of fatal bleeding, but patients who were underweight had an increased incidence of major bleeding complications (7.2% vs. 2.7%; odds ratio, 2.7; 95% CI, 1.4–5.1). *Conclusions:* Obese patients with acute VTE have less than half the mortality rate when compared with normal BMI patients. This reduction in mortality rates was consistent among all subgroups and persisted after multivariate adjustment.

Índice de masa corporal y evolución en pacientes con TVP

Crosstab

		exitus1m		Total
		no	si	
	<18,5	136	18	154
		88,3%	11,7%	100,0%
	18,5-25	3013	141	3154
		95,5%	4,5%	100,0%
	25-30	4382	100	4482
		97,8%	2,2%	100,0%
	>30	2597	33	2630
		98,7%	1,3%	100,0%
Total		10128	292	10420
		97,2%	2,8%	100,0%

Índice de masa corporal y evolución en pacientes con TVP

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		97,2%	2,8%	100,0%

Delgados mueren más

Índice de masa corporal y evolución en pacientes con TVP

Crosstab

			recidiva1m		Total
			no	si	
bmicat	<18,5	Count	150	4	154
		% within bmicat	97,4%	2,6%	100,0%
	18,5-25	Count	3106	48	3154
		% within bmicat	98,5%	1,5%	100,0%
	25-30	Count	4442	40	4482
		% within bmicat	99,1%	,9%	100,0%
	>30	Count	2590	40	2630
		% within bmicat	98,5%	1,5%	100,0%
Total		Count	10288	132	10420
		% within bmicat	98,7%	1,3%	100,0%

Índice de masa corporal y evolución en pacientes con TVP

Delgados recidivan más

Crosstab

			recidiva1m		
			no	si	Total
bmicat	<18,5	Count	150	4	154
		% within bmicat	97,4%	2,6%	100,0%
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Índice de masa corporal y evolución en pacientes con TVP

Crosstab

		hrr1m		
		no	si	Total
	<18,5	143	11	154
		92,9%	7,1%	100,0%
	18,5-25	3053	101	3154
		96,8%	3,2%	100,0%
	25-30	4384	98	4482
		97,8%	2,2%	100,0%
	>30	2573	57	2630
		97,8%	2,2%	100,0%
Total		10153	267	10420
		97,4%	2,6%	100,0%

Índice de masa corporal y evolución en pacientes con TVP

Crosstab

		hrr1m		Total
		no	si	
	<18,5	143	11	154
		92,9%	7,1%	100,0%
	18,5-25	3053	101	3154
		96,8%	3,2%	100,0%
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		97,8%	2,2%	100,0%
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		97,8%	2,2%	100,0%
Total		10153	267	10420
		97,4%	2,6%	100,0%

Delgados sangran más

Fiebre

-**El 4.9% de los pacientes con trombosis venosa profunda tiene fiebre**

-**La fiebre se relaciona con mayor mortalidad en el seguimiento**

	FIEBRE	NO FIEBRE	OR
Recidiva 1m	2.1%	1.1%	1.03 (0.99-1.09)
Hemorragia 1m	2.3%	2.6%	0.99 (0.97-1.01)
Exitus 1m	***5.8%***	***2.9%***	***1.05 (1.02-1.08)***

	Fiebre	No fiebre	p
Pacientes	707	13773	
Sexo	62.0±19.8	7173 (52%)	0.487
Edad	62.0±19.8	64.3±17.67	0.001
Peso	72.8±14.5	74.1±14.8	0.027
Pacientes ingresados	340 (48%)	6760 (49%)	0.001

Enfermedades de base	Fiebre	No fiebre	p
EPOC	61 (8.6%)	509 (3.7%)	0.001
ICC	32 (4.5%)	1061(7.7%)	0.002
Sangrado mayor reciente	39 (5.5%)	314 (2.3%)	0.001
Aumento de creatinina	96 (13%)	1692 (12%)	0.290

Factores de riesgo para TVP	Fiebre	No fiebe	p
Cirugía	117 (17%)	1557 (11%)	0.001
Inmovilización >4 días	239 (34%)	3435 (25%)	0.001
Inmovilización por infección	45 (19%)	448 (14%)	0.001
Cáncer	166 (23%)	2911 (21%)	0.143
Cancer metastásitco	75 (11%)	1277 (9.3%)	0.233
Embarazo	4 (0.6%)	138 (1.0%)	0.250
Tratamiento con estrógenos	21 (3.0%)	548 (4.0%)	0.172
Viaje prolongado	11 (1.6%)	308 (2.3%)	0.155
Idiopática	149 (27%)	4876 (35%)	0.02
Antecedentes ETV	103 (15%)	2254 (16%)	0.230

Características TVP	Fiebre	No fiebre	P
Bilateral	31 (4.4%)	424 (3.1%)	0.083
Proximal	512 (84%)	10,419 (83%)	0.512
Miembros superiores	66 (9.6%)	807 (5.9%)	<0.001
Tratamiento inicial			
LMWH	653 (92%)	13257 (96%)	0.002
Dosis LMWH (IU/kg/día)	178±40	176±38	0.174
Heparina no fraccionada	39 (5.5%)	376 (2.7%)	0.003
Tratamiento largo plazo			
Anti-K	445 (66%)	9349 (70%)	0.03
LMWH	215 (32%)	3904 (29%)	0.126
Dosis LMWH (IU/kg/día)	147±49	144±48	0.399

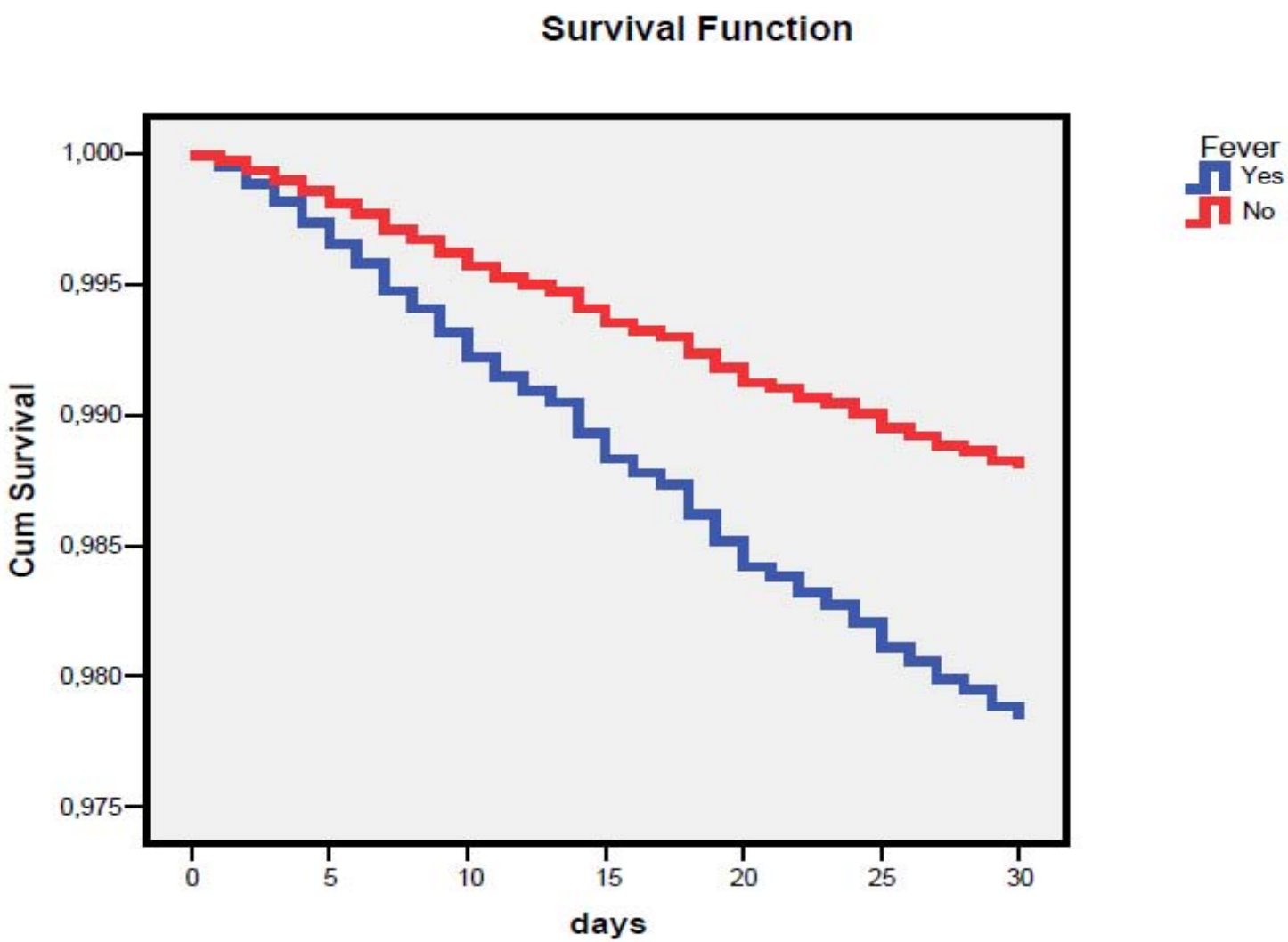
Evolución a los 30 días	Fiebre (707)	No fiebre (13,773)	p
Recurrencia TVP	15 (2.1%)	156 (1.1%)	0.029
Recurrencia TEP	16 (2.3%)	360 (2.6%)	0.705
Sangrado mayor	1 (6.3%)	17 (4.7%)	0.746
Muerte por cualquier causa	51 (5.8%)	397 (2.9%)	<0.001

Causas de muerte	Fiebre 51 (5.8%)	No fiebre 397 (2.9%)	p
Embolia pulmonar	5 (9.8%)	18 (4.5%)	0.054
Insuficiencia respiratoria	3 (5.8%)	20 (5.0%)	0.125
Brusca (no esperada)	0	6 (1.5%)	0.741
Sangrado	2 (3.9%)	57 (14.4%)	0.002
Neoplasia	8 (15.7%)	108 (27.2%)	0.032
Infección	8 (15.7%)	47 (11.8%)	0.062
Insuficiencia cardiaca	2 (3.9%)	33 (8.3%)	0.051
Ictus	0	24 (6.0%)	0.301
Infarto miocardio	0	12 (3.0%)	0.548
Insuficiencia renal	1 (1.9%)	6 (1.5%)	0.338
Desconocido	10 (19.6%)	97 (24.0%)	0.051
Otras	2 (3.9%)	19 (4.7%)	0.354

Este exceso de mortalidad es independiente de otros factores de riesgo como la edad, el sexo, los antecedentes

	OR	IC 95% CI EXP(B)		p
		Inf	Sup	
Edad (cada año)	1.02	1.02	1.03	0.000
Sexo (mujer)	0.79	0.64	0.98	0.029
Peso (cada kilo)	0.97	0.96	0.98	0.000
Fiebre	1.81	1.31	2.50	0.000
Sangrado reciente	1.93	1.33	2.80	0.001
Comorbilidad	1.79	1.35	2.39	0.000
Cancer	6.17	4.99	7.63	0.000
Inmovilización ≥4días	3.19	2.59	3.92	0.000
ETV previa	0.52	0.36	0.76	0.001

Figure 1: Cox-model survival curves for one-month mortality



Fever and Deep Venous Thrombosis. Findings from the RIETE Registry.

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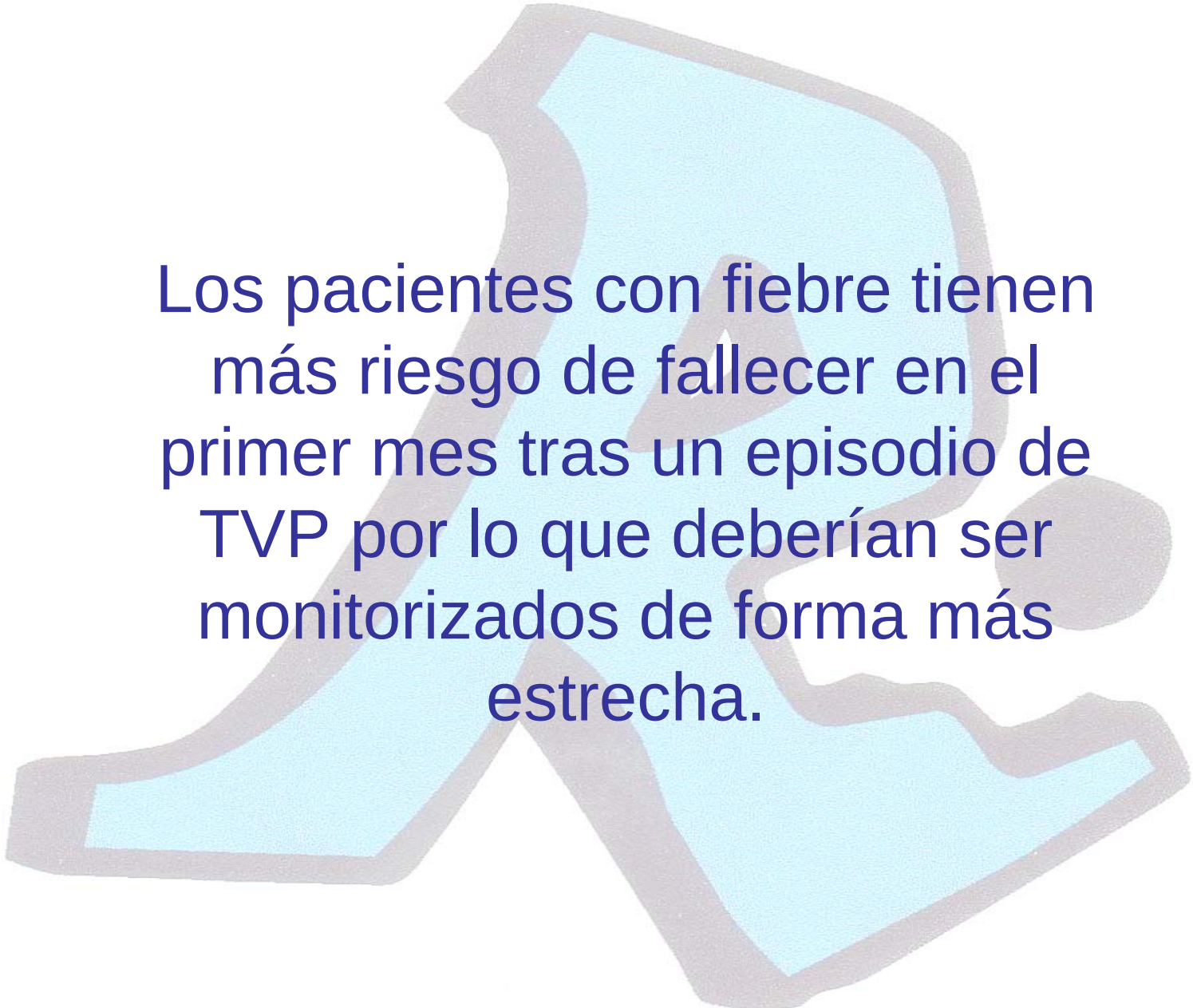
*for the RIETE Investigators.**

* A full list of RIETE investigators is given in the appendix



Los pacientes con fiebre tienen más riesgo de fallecer en el primer mes tras un episodio de TVP por lo que deberían ser monitorizados de forma más estrecha.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3 Miembros activos
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Neumología
Oncología
Medicina Interna
Hematología
4 Miembros activos
R.I.E.T.E
OTROS PAÍSES
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Urgencias
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Cirugía Vascular
Hematología


R.I.E.T.E
ITALIA
Unidad Trombosis
Urgencias
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