

Early diagnosis of deep vein thrombosis in hospitalized patients

Diagnóstico precoz de trombosis venosa profunda en pacientes internados

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Dear Editor:

We have read with great interest the article *Early diagnosis of deep vein thrombosis in hospitalized patients*¹ and would like to thank the authors for highlighting the importance of ultrasound in the diagnosis of deep vein thrombosis (DVT) when it is asymptomatic, especially in patients with risk factors such as active oncological disease. Diagnosing asymptomatic DVT in patients with cancer can be crucial for their prognosis, as thrombosis is considered the second cause of death after the tumor itself².

That said, we would like to contribute some comments. First, we would like to highlight the challenge posed by performing ultrasound considering the inter-observer variability, especially when the clinicians responsible for the diagnosis can range from radiologists to clinicians such as generalists or oncologists. This necessitates the establishment of well-defined protocols for the points to be examined during the test and the correct characterization of the findings³.

Second, we agree with the authors on screening for DVT in patients who have been hospitalized for 7 to 15 days. Moreover, based on a review of the literature, serial ultrasound examinations every 4 weeks for up to 12 weeks would be useful in patients with cancer⁴. In this regard, a multicenter prospective observational study (AURELIO), conducted across eight centers

affiliated with the Ultrasound Study Group of the Italian Society of Internal Medicine, was recently published, evaluating screening within 48 hours of admission in patients with risk factors, such as active malignant neoplasia or pneumonia⁵.

In any case, we would like to congratulate the authors on the methodology of their work and on their effort to study 204 patients with at least 7 days of hospitalization from such diverse settings as the general ward, the coronary care unit, and the intensive care unit.

Finally, we consider it relevant to discuss whether or not DVT should be treated, especially in its asymptomatic form. Although anticoagulation significantly increases the risk of major hemorrhage, in the study by Borello et al.¹ no complications associated with treatment were observed at the time of data collection. Similarly in another study involving patients with active cancer, an analysis by risk factors was performed, which showed that prolonged treatment could be beneficial by reducing the incidence of symptomatic thromboembolism⁶.

The work by Borello et al.¹ suggests that asymptomatic DVT in patients with relevant risk factors could be a condition to be considered for screening and diagnosis by ultrasound in hospitalization wards, as well as for evaluating its treatment with anticoagulation.

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Conflict of interests

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Ethical considerations

Protection of human subjects and animals. The authors declare that no experiments on humans or animals were performed for this research.

Confidentiality, informed consent, and ethical approval. This study does not involve personal patient data, medical records, or biological samples, and does not require ethical approval. SAGER guidelines do not apply.

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