Catheter interventions: an unresolved clinical controversy

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Authors' reply

In response to Efthymios Avgerinos and colleagues, we would like to clarify some of the perceived weaknesses of the CAVA trial,¹ as we disagree that acknowledgment of these particular weaknesses will balance decision making towards better selection of patients and techniques for catheter-directed thrombolysis.

The use of stringent selection criteria is necessary to balance the benefits and risks of the intervention and, therefore, consecutive inclusion of patients is not possible. It is indeed important that interventions are done in centres with ample interventional experience, as was the case in the CAVA trial.¹ However, it is not necessarily true that the use of more advanced techniques for thrombus removal is the answer to better technical and clinical success. Similar techniques to those used in both the ATTRACT² and CAVA trial¹ were also used in the CaVenT trial³

and resulted in a significant and clinically relevant reduction of post-thrombotic syndrome.

The high proportion of in-stent thromboses during follow-up in the CAVA trial is concerning. Early failure of stent patency suggests suboptimal technical success, in which thrombus properties and treatment with periprocedural anticoagulant, among other factors, might have also played a role. Recanalisation was technically successful in only 41 (53.2%) of 77 patients and was associated with a reduced severity of post-thrombotic syndrome and a better quality of life, as shown in a preliminary subanalysis. Combined with the results of the CaVenT trial³ and the subanalysis of the ATTRACT trial by Comerota and colleagues,⁴ these findings indicate that adequately performed catheter-directed thrombolysis can be beneficial in selected patients.

Future focus should, therefore, be on improved patient selection and optimisation of treatment strategies. Such strategies should not only include the amelioration of interventional techniques and protocols, but should also entail the full care path of patients

with deep venous thrombosis, which includes adequate diagnostic assessments, prompt referrals, and emphasis on the importance of standard post-thrombotic care such as periprocedural anticoagulant therapy, compression therapy, and early mobilisation.

We declare no competing interests.

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