



DVT in Pregnancy; an underestimated calamity!

Otmar RM Wikkeling

Nij Smellinghe Hospital, Netherlands

Abstract:

DVT in pregnancy is a real world problem, which is a highly underestimated calamity. In 2018 the American Society of Hematology published guidelines “venous thromboembolism (TED) in the context of pregnancy”.

- Venous TED is one of the major causes of direct maternal deaths. Those who survive suffer significant morbidity
- Pregnancy is a known hyper-coagulable state, with a five-fold risk of venous thromboembolism over the non-pregnant condition
- 0.5 - 3 of every 1000 pregnancies are complicated by symptomatic deep venous thrombosis (DVT).
- Mortality rate as high as 15% (!)
- 25% may develop pulmonary embolism (PE),
- 40 - 60% of Pulmonary Embolism (PE) occurs after delivery
- PE is the major non-obstetric cause of maternal mortality -2/100,000 pregnancies

In this talk we will cover all aspects, from incidence, pathophysiology, diagnostics, treatment and management options, special procedures and complications.

Biography:

Otmar RM Wikkeling, MD, MBA, CMIO. Is a vascular surgeon with special interest in lymphedema and deep venous diseases. As of the one of founding fathers of one of



the four specialized centers in this pathology in the Netherlands, this subject very dear to him. A other specialty is data-driven care.

Recent Publications:

- American Society of Hematology 2018 guidelines for management of venous thromboembolism: venous thromboembolism in the context of pregnancy. Shannon M. Bates, et al. DOI 10.1182/bloodadvances.2018024802.
- Pharmacomechanical Catheter-Directed Thrombolysis for Pregnancy-Related Iliofemoral Deep Vein Thrombosis. Allan I. BloomMDa et al. Journal of Vascular and Interventional Radiology Volume 26, Issue 7, July 2015, Pages 992-1000
- Advances in the Diagnosis of Venous Thromboembolism: A Literature Review. Harish Patel 1, Haozhe Sun 1, Ali N Hussain 1, Trupti Vakde 1 . Diagnostics (Basel). 2020 Jun 2;10(6):365.doi: 10.3390/diagnostics10060365.

[Webinar on Critical care, September 23, 2020.](#)

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