**Title: Superficial Venous Thrombosis in 2024**

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**Dr Luca Costanzo**

"My name is Luca Costanzo. I am a medical doctor working in the angiology unit of Polyclinic of San Marco Hospital in Catania. We recently published a review on superficial vein thrombosis, and I'd like to extend my gratitude to my colleague, Marco Mangiafico, for his invaluable contribution to this paper.

**What are the unmet needs for patients with superficial venous thrombosis?**

While there's ample research on the acute phase treatment of superficial vein thrombosis (SVT), there's a dearth of data on preventing SVT recurrence. Up to 15% of patients may experience new thromboembolic complications after the acute phase treatment, raising questions about the appropriate prevention strategies.

**What are the risk factors and current treatment options?**

Varicose veins are a primary risk factor for SVT, present in about 90% of patients. Other risk factors include obesity, advanced age, cancer, autoimmune diseases, and thrombophilia. Notably, SVT in a non-varicose vein warrants thorough investigation as it may indicate underlying conditions such as cancer, autoimmune diseases, or thrombophilia.

Treatment strategies vary based on clinical scenarios. For thrombi extending more than five centimeters but distant from the deep venous system, anticoagulant therapy with rivaroxaban 2.5 milligrams daily for at least six weeks is recommended. Thrombi less than five centimeters and distant from the deep venous system may be managed with anti-inflammatory drugs or compression therapy. However, if the thrombus is near the deep circulation, such as in the great saphenous vein close to the junction, full anticoagulant therapy resembling deep vein thrombosis treatment for at least three months is warranted.

**What are the key takeaways from your review paper?**

Key takeaways from our review emphasize that SVT is not a benign condition, given its potential complications such as extension to the deep venous system and pulmonary embolism. Ultrasound assessment is crucial for determining thrombus extension and guiding treatment decisions and anticoagulant therapy duration.

**What is the current research landscape in this area?**

There's a notable gap in the literature regarding secondary prevention of SVT recurrence. Ongoing studies are exploring the use of direct oral anticoagulants and mesoglycan for this purpose. However, many epidemiological studies on SVT have methodological limitations, primarily relying on clinical diagnosis, potentially underestimating disease incidence. Utilizing ultrasound in future studies could provide a more accurate epidemiological understanding of SVT and identify high-risk populations that may benefit from more aggressive anticoagulant therapy.

Furthermore, emerging anticoagulant treatments such as factor XI inhibitors show promise and merit dedicated studies in the SVT context to enhance treatment efficacy and safety.