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FEATURES PHARMACOTHERAPY OF DEEP VEIN THROMBOSIS

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Deep venous thrombosis is a pathological condition characterized by the formation of blood clots in the deep veins, most often of the lower extremities. Deep venous thrombosis is a common cause of morbidity and mortality in bedridden or hospitalized patients, and healthy people in general.

Numerous factors, often in combination, contribute to deep venous thrombosis such as age more than 40 years, obesity (body mass index $> 30 \text{ kg/m}^2$), oncological diseases, varicose veins, the presence of thrombosis and embolism in the anamnesis, the use of estrogens. There are three factors that are critical in the development of venous thrombosis: venous stasis, activation of blood coagulation and vein damage. Methods for diagnosis of deep venous thrombosis of the lower extremities are venography, d-dimer test, radioisotope study and ultrasound.

Nonspecific prophylaxis of deep venous thrombosis of the lower extremities is performed in all patients in the early postoperative period, and in the presence of a high risk of this complication in combination with anticoagulant and disaggregant therapy.

Due to the risk of increased bleeding, the introduction of the standard heparin use at a dose of 12000 – 24000 units per day (depending on body weight) or low molecular weight heparin should be started in the morning the next day after the surgery for 7-10 days. Heparin use for prophylaxis in a dose 5000 units every 8-12 hours or 7500 units every 12 hours.

Low molecular weight heparins are Fondaparinux, Rivaroxaban, Apixaban. Fondaparinux use from 5 to 10 mg subcutaneously once a day for 5-9 days for treat and for prophylaxis use 2,5 mg. Rivaroxaban use 15 mg orally every 12 hours during a meal, then 20 mg orally every day for 6 months, and for prophylaxis use 2,5 mg. Apixaban use 10 mg orally 2 times a day for 7 days, then 5 mg 2 times a day, for prophylaxis use 2,5 mg.

Alteplase is a tissue plasminogen activator (tPA). It works by helping to break down unwanted blood clots. Alteplase use 0,05-0,1 mg/kg/h with transcatheter intra-arterial infusion for 1-8 hours or before lysis of thrombus.

Warfarin reduces the formation of blood clots. Warfarin use 2-5 mg orally 4 times a day for 2 days, 10 mg orally for 2 days. Need to check the INR every 2 days and use the dose depending on the results.

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