

Acute kidney failure with VTE proves difficult to treat

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Researchers from the Walter Reed National Military Medical Center conducted a prospective, observational study to assess the impact that weight and renal function have on venous thromboembolism (VTE) rates among in-patients receiving prophylaxis with low-molecular-weight or unfractionated heparin.

Provided by American College of Chest Physicians

Between September 2009 and 2011, 6599 patients were admitted to the hospital for at least two days. The mean age and [body mass index](#) (BMI) were 54.6 and 28.5, respectively. Among those who developed VTE, 165 (71.1%) were diagnosed during admission, 27 (11.7%) within 30 days, and 7.2% between 30 and 90 days after admission.

They concluded that a person's body mass index (BMI) was not related to VTE rates, but [renal function](#) did have an impact. Creatinine clearance was not associated with VTE rates when unfractionated heparins or low-molecular weight heparins were given, but patients with acute kidney injury had higher VTE rates, even in the presence of prophylaxis.

"Current unfractionated and low-molecular-weight heparin dosing in the presence of [acute kidney injury](#) may not be sufficient to prevent VTE," warns lead researcher Dr. Aaron Holley, "future studies need to address the optimal dosing of heparins in these cases."

Further results from this study will be shared at the CHEST Annual Meeting 2017 in Toronto on Tuesday, October 31, 11:30 AM-11:45 AM at the Metro Toronto Convention Centre, Room 606. The study abstract can be viewed on the journal *CHEST* website.

More information: Michael McMahon et al, Heparin Prophylaxis Does Not Prevent VTE in the Presence of Acute Kidney Injury, *Chest* (2017).
[DOI: 10.1016/j.chest.2017.08.1078](https://doi.org/10.1016/j.chest.2017.08.1078)

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