17º CONGRESSO BRASILEIRO DE GASTROENTEROLOGIA PEDIÁTRICA

Construindo pontes entre a ciência e o cuidado

PORTO DE GALINHAS - PERNAMBUCO

Trabalhos Científicos

Título: Secondary Anticoagulation Prophylaxis For Catheter Related Thrombosis In Pediatric Intestinal Failure

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Resumo: Resumo Objetivo(s) Catheter related thrombosis (CRT) is a concerning long-term complication in intestinal failure (IF) but the optimal preventive therapy is unknown. This study assessed the efficacy and safety of secondary anticoagulation prophylaxis with low molecular weight heparin (LMWH). Método This is a single center, retrospective study of children (N=23) on home parenteral nutrition for IF with one episode of CRT. Secondary anticoagulation prophylaxis was initiated once a first thrombus was identified and continued indefinitely or until line removal. Primary outcome was recurrence or progression of CRT. Resultados Median age at first CRT was 6 months (IQR 2-32) and median follow-up was 19.5 (IQR 16.4-32.6) months. CRT frequency was similar in PICC lines and tunneled catheters (22% vs 24.1%, p=0.79) and insertion side (23.3% vs 22.9%, p=0.96). Eleven patients received therapeutic anticoagulation for a median of 3 months before secondary prophylaxis. Nine patients (36%) experienced progression or new CRT over a median of 22.9 months (IQR 14.7-28.9). Etiology or bowel anatomy was not associated with treatment failure. Therapeutic anticoagulation for over 12 weeks (12.5% vs 47%, p=0.09) and lower number of CLABSI events per 1,000 catheter days (0.65 vs 9.11, p=0.15) showed a trend towards reduced CRT recurrence. One patient discontinued anticoagulation prophylaxis following GI bleeding and two at the family and patients request. Medication adherence was good in 88% of patients. conclusão(ões) Secondary CRT prophylaxis with LMWH is effective in 64% of the patients and well tolerated. Further studies are needed to determine the optimal length of treatment and dosing.