Thrombolysis and anticoagulants more effective than anticoagulants alone in acute DVT

Clinical Question	Compared to anticoagulation alone, how effective is thrombolysis and anticoagulation for the management of people with acute deep vein thrombosis (DVT) of the lower limb?
Bottom Line	Combined thrombolysis and anticoagulation increased the patency of veins and reduced the incidence of post-thrombotic syndrome (PTS) following proximal DVT by a third. In those receiving combined therapy there was a small increased risk of bleeding. Three strokes occurred in the treatment group, all in trials conducted pre-1990, and none in the control group. There was no significant effect on mortality at either early (up to one month) or intermediate (six months to five years) follow-up. Systemic administration and catheter-directed thrombolysis had similar effectiveness. Trials were carried out principally in the USA, Scandinavia, Germany and the UK. All trials included men and women ranging in age from 18 to 75 years, with a preponderance of older adults.
Caveat	Data on the occurrence of pulmonary embolism and recurrent DVT were inconclusive. It was not possible to determine the optimum treatment regimen in terms of agent, dose and route of administration.
Context	Standard treatment for DVT aims to reduce immediate complications. Use of thrombolysis or clot dissolving drugs could reduce the long-term complications of PTS including pain, swelling, skin discolouration, or venous ulceration in the affected leg.
Cochrane Systematic Review	Watson L et al. Thrombolysis for acute deep vein thrombosis. Cochrane Reviews, 2016, Issue 11. Art. No.: CD002783.DOI: 10.1002/14651858. CD002783.pub4. This review contains 17 studies involving 1103 participants.

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