Abstract: **P958**

Venous thrombosis in patients after catheter ablation. Efficacy and safety of enoxaparin therapy with the transition to warfarin and monotherapy with rivaroxaban

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Background: Among the complications associated with catheter ablation, thrombosis of the femoral vein puncture site deserves special attention, which is associated with the potential danger of thromboembolism from the proximal femoral vein segment.

Methods: The study included patients from 18 years and older with heart rhythm disorders and planned catheter ablation. All patients underwent an ultrasound duplex vascular scan of the iliac-femoral segment before the intervention and no later than 24 hours after. When parietal venous thrombosis (VT) was detected at the femoral vein puncture site, all patients were randomly assigned to two treatment groups. In group I enoxaparin 1 mg/kg was prescribed every 12 hours with switching to warfarin after 7 days with maintenance of the target INR values (2.0-3.0). In group II rivaroxaban therapy was started at a dose of 15 mg x 2 p/day for 21 days with a further transition to a dose of 20 mg/day. The total period of observation and treatment of patients was at least 3 months. In case of the detection of floating VT, all patients underwent anticoagulant therapy (ACT) according to a scheme similar to group I.

Results: 500 patients were observed. Parietal (n = 38) or floating (n = 3) VT puncture site was identified in 41 patients. In group I (n = 16) complete lysis of VT was noted by the 7th day of treatment in 9 patients (56.3%), however this scheme was associated with a greater risk of complications from the puncture site in the form of arteriovenous fistulae (n=4; 25 %) and intermuscular hematomas (n=4; 25%). In group II (n=26), no complications were noted, the lysis time of VT was on average 21 days (n=69 %). Complete lysis of VT was noted in both groups at the time of the control observation point (3rd month).

Conclusion: The efficacy of the two treatments regimens was comparable (p=0.5). Enoxaparin therapy is more effective in the early stages of treatment of VT, but is associated with a greater risk of the complications (p=0.0117, odds ratio = 0.022). Monotherapy with rivaroxaban is safer and is not inferior in effectiveness to group I with longer observation.