

Editorial

Venous Thromboembolism : An Important Emerging Problem in Thailand

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It has been perceived for a long time that venous thromboembolism (VTE), i.e. deep vein thrombosis (DVT) and pulmonary embolism (PE), is uncommon in Asians. The studies in the past had proved that the prevalence of peri-operative VTE in Thailand was truly low, not because of under-diagnosis.^{1,2} However, more recent data indicated that the occurrence rates of VTE after hip³ and knee⁴ surgeries in Thais markedly increased to 46 and 36% respectively, reaching the prevalence in Western population. Nevertheless, most of the objectively-confirmed VTE in these studies were asymptomatic and, thus, might not reflect the clinically relevant outcomes.

To evaluate the clinically significant disease, we prospectively determined the incidence of symptomatic VTE in hospitalized medical patients in King Chulalongkorn Memorial hospital during 2007-2008. The incidence rate was 0.59% (42/7120) of total patients who were admitted for more than 3 days. Furthermore, symptomatic VTEs were found in 7.7% (2/26) of lower extremity arthritis, 4.7% (3/64) of systemic lupus erythematosus (SLE), 1.8% (22/1211) of active cancer and 1.5% (5/543) of respiratory failure patients. Notably, 23 of these cases were PE and 10 of these PE were fatal. Therefore, VTE is an important problem in Thai patients admitted to a hospital.⁵

The original article by Wipa Praituan in this issue of the Journal of Hematology and Transfusion Medicine demonstrates that VTE is not only a problem for tertiary care centers, but also a community hospital.⁶ Consequently, general practitioners should be well aware of this condition and measures to prevent VTE are strongly needed.

Cancer is the most common identifiable cause of

VTE in Thai patients both in university and community hospitals. It comprises 20-50% of Thai VTE cases.⁶⁻⁹ Increases in diagnoses and/or survival of cancer patients may contribute to the rising of VTE prevalence in Thailand. Prevention and treatments of VTE in this group of patients are the hot topics of researches in this field.

For the non-malignancy-related VTE, we recently reported that low vegetable intake, below 1.3 standard serving per day (1 serving = a 240-mL cup of cook vegetables), female hormone uses and high body mass indices were the independent factors significantly related to VTE in a case-control study.⁹ Therefore, Westernized lifestyle including food consumption may be one of the causes of the marked increase in VTE incidence in Thai population. Public promotion of the more 'healthy' diet and weight reduction programs may alleviate the VTE problem, as well as numerous other obesity-related diseases.

Notably, approximately one-fifth to one-fourth of total VTE was related to hospital admission either for medical or surgical conditions.^{6,9} Heparin prophylaxis are recommended as a standard of care in these high-risk patients in Western populations.¹⁰ However, there is currently no VTE prophylaxis guideline available in Thailand. Consequently, the VTE prevention rate in Thai hospitalized patients was among the lowest countries in the world.¹¹ In the author's opinion, it is time for the experts in this field to review the evidence and draft the first guideline for VTE prophylaxis and therapy to be used suitably for Thai population.

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