



## Thromboembolism: Review

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Pregnancy subcutaneous UF heparin is as effective as IV Unfractionated heparin for the initial management of DVt LMWH has been found to be more effective in non-pregnant subjects with lower mortality and fewer haemorrhagic complications it is also simpler women can be treated as outpatients after initial ac Ute phase and dose responsive curve may be unpredictable it may have lower risk of osteopenia. check platelet counts 7.9 days after commencing treatment. the leg should be elevated and graduated elastic compressions stocking should be encouraged a temporary caval filter may occasionally be required with recurrent pre.or when anti coagulation contraindicated . Women who remain shock after acute event have a high risk of dying advice should be sought on embolectomy or thrombolysis therapy despite risks the antidote for heparin is proteins.

Sulphate maintenance therapy LMWH ...twice daily with dose adjusted as necessary by anti-factors measurements target levels 0.35 .o.7 I 3.4hours after injection graduated elastic compression stockings spontaneous labours.

Anticoagulation's in pregnancy are VTE in index pregnancy metal prosthetic valves. Very high-risk cases of acquired and inherited.

Thrombophilia. Heparin does not cross placenta into breast milk so no added risk to fetus, its action is to inhibit thrombus and factors 9, 10, 11,12 side effects of long term therapy include allergic reactions thrombocytopenia maternal neutropenia which is dose duration dependent with some unpredictable susceptibility. warfarin inhibit the synthesis of Vit K dependent clotting factors 2,7,9 10. It crosses placenta readily not significant in breast milk. It is best avoided in first trimester as 2.4 %risk of characteristic embryopathy, nasal hyperplasia, stippled epiphyses eye a on mlies and developmental delays control must be tight under strict expert supervision line general INR be been between 2.0 to 2.5 ..even with methods there is an increased risk of fatal haemorrhage. Its anticoagulant effect cannot be

reversed rapidly. Heparin's therapy preferred unless warfarin outweigh risk indications some prosthetic heart valves women with anti phospholipid syndrome and previous cerebral arterial that reoccurs despite heparin prophylaxis because of increased risk of haemorrhage change to heparin at 36 weeks gestation if possible. It can be countered in the maternal circulation. Breast feeding not contraindicated. some women transfer to warfarin after delivery.