

# Inferior Vena Cava Filter sebagai Tata laksana Tromboemboli Vena Terkait Keganasan: Suatu Tinjauan Sistematis = Graduated Compression Stocking For Deep Vein Thrombosis Prophylaxis In Surgical Patients: A Systematic Review

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## Abstrak

Latar belakang. Risiko Venous Thromboembolism (VTE) yang terkait dengan keganasan adalah 4,1 kali lipat lebih besar dibandingkan dengan pasien tanpa keganasan. Pasien keganasan memiliki risiko perdarahan yang lebih besar dengan terapi antikoagulan yang umum digunakan. Inferior Vena Cava Filter (IVCF) telah direkomendasikan sebagai alternatif yang kontroversial.

Tujuan. Untuk menemukan bukti ilmiah tertinggi dalam keamanan, manfaat, dan dampak klinis IVCF untuk mengelola VTE terkait keganasan.

Metode. Sesuai dengan pedoman PRISMA, pada situs berbasis data Cochrane, PubMed, dan ClinicalKey dicari menggunakan kata kunci ("Inferior Vena Cava Filter" or "IVCF") and ("Anticoagulant") and ("Cancer" or "Malignancy") and ("Venous Thromboembolism" or "VTE" or "Pulmonary Embolism" or "Deep Vein Thrombosis") and ("Safety" or "Benefit" or "Complication" or "Recurrence" or "Survival Rate" or "Mortality"). Artikel-artikel ini ditinjau dan dinilai.

Hasil. Ada 10 artikel yang ditinjau (1.191 partisipan). Komplikasi IVCF yang ditemukan: migrasi filter (0,9%), trombosis vena cava (3,7%), PE berulang (2,8%); fraktur filter (0,9%); dan penetrasi IVCF (0,9%).

Tidak ada kematian yang ditemukan pada pasien karena komplikasi karena penyisipan filter (LOE 2).

Penyisipan IVCF dapat mengurangi tingkat PE tetapi dengan peningkatan jumlah DVT (DVT: dengan filter vs tanpa filter: 35,7% vs 27,5%; HR 1,52; CI95 % 1,02–2,27; p = 0,042; PE: 6,2% vs. 15,1 %; HR 0,37; 95% CI 0,17–0,79; p = 0,008). Enam studi tidak menemukan peningkatan yang signifikan secara statistik dalam mortalitas terkait PE.

Kesimpulan. IVCF aman dan bermanfaat untuk pengelolaan VTE terkait keganasan, terutama pada pasien dengan kontraindikasi antikoagulan (LOE 2, 3 dan 4).

.....Background. The risk of venous thromboembolism (VTE) associated with malignancy is 4.1-fold greater compared to patients without malignancy. Malignancy patient have greater risk of bleeding with the commonly used anticoagulant therapy. Inferior Vena Cava Filter (IVCF) have been recommended as an controversial alternative.

Objective. To find the highest evidence in the safety, benefit, and clinical outcome of the IVCF for managing VTE associated with malignancy.

Method. Aligning with PRISMA guidelines, online databases Cochrane, PubMed, ScienceDirect and ClinicalKey were searched using keywords ("Inferior Vena Cava Filter" or "IVCF") and ("Anticoagulant") and ("Cancer" or "Malignancy") and ("Venous Thromboembolism" or "VTE" or "Pulmonary Embolism" or "Deep Vein Thrombosis") and ("Safety" or "Benefit" or "Complication" or "Recurrence" or "Survival Rate" or "Mortality"). These articles were reviewed and appraised.

Results. There were 10 articles reviewed (1,191 participants). Complication of IVCF found: filter migration (0.9%), vena cava thrombosis (3.7%), recurrent PE (2.8%); filter fracture (0.9%); and IVCF penetration

(0.9%). No mortality was found in patients due to complications due to filter insertion (LOE 2). IVCF insertion can reduce PE rates but with an increase in the number of DVT (DVT: with filter vs without filters: 35.7% vs 27.5%; HR 1.52; CI95 % 1.02–2.27; p = 0.042 ; PE: 6.2% vs. 15.1%; HR 0.37; 95% CI 0.17–0.79; p = 0.008). Six studies found no statistically significant increase in PE-related mortality.

Conclusion. IVCF is safe and beneficial for the management of malignancy-associated VTE, especially in patients with contraindications to anticoagulants (LOE 2, 3 and 4).