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Summary

SAFETY AND EFFECTIVENESS OF THROMBOPROPHYLAXIS FOR VENOUS THROMBOEMBOLIC EVENTS IN HOSPITALIZED PATIENTS WITH IBD

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A retrospective single-center study of 1067 hospitalized inflammatory bowel disease patients found that thromboprophylaxis approached statistical significance in reducing venous thromboembolic events (p=0.053) without increasing bleeding risk.

KEY POINTS

- Among 1359 hospitalized IBD patients (2020-2023), only 42.9% of those not already on anticoagulation received thromboprophylaxis during hospitalization, which the authors characterize as suboptimal.
- Thromboprophylaxis (low-molecular-weight heparin 4000-8000 IU daily, fondaparinux 2.5-3.5 mg/day, or calciparin up to 5000 IU twice daily) showed borderline statistical significance for VTE reduction (p=0.053) in the 1067 evaluable patients.
- No significant difference in blood transfusion requirements was observed between patients who received thromboprophylaxis and those who did not (p=0.37), and treatment discontinuation occurred in only 6.5% of patients.
- The authors conclude that thromboprophylaxis is effective and safe in this real-world cohort and recommend strategies to increase its implementation in hospitalized IBD patients.

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