



More valid and reliable thrombophilia testing is required for predicting the recurrence and the required duration of treatment for venous thromboembolism

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Dear Editor,

I have read with great interest the recent article by Ulas regarding his comment on “Do hospital doctors test for thrombophilia in patients with venous thromboembolism?” [1]. Ulas has clearly and diligently summarized this long-lasting controversial issue. However, I partially agree with him because some authors in the literature strongly advocate ordering thrombophilia testing especially in young patients.

Mateo et al. reported that the rate of thrombophilic disorders was approximately 2 times greater in patients <45 years of age than patients over 45 years of age in a prospective study involving 2132 unselected patients with VTE [2]. In another study involving 1490 patients with a median age 43 years at the time of their first VTE, Weingarz et al. indicated that screening for hereditary thrombophilia should be considered for patients younger than 40 years old after a first VTE episode, especially in cases of unprovoked VTE [3]. Montagnana et al. also demonstrated that hereditary thrombophilia testing is essential to help achieve a faster and more efficient diagnosis of this condition as well as a more effective prophylaxis of patients at higher risk and treatment of those with manifest disease [4].

Today there is no consensus to resolve this issue and this debate is likely to continue, unless there are more sensitive

and/or specific tests that predict the risk of VTE. I hope that the above-mentioned items would add to the value of the well-written manuscript of Ulas [1].

Compliance with ethical standards

Conflict of interest There is no conflict of interest or financial support.

References

1. Ulas T (2018) Comment on “Do hospital doctors test for thrombophilia in patients with venous thromboembolism?”. *J Thromb Thrombolysis*. <https://doi.org/10.1007/s11239-018-1722-2>
2. Mateo J, Oliver A, Borrell M, Sala N, Fontcuberta J (1997) Laboratory evaluation and clinical characteristics of 2,132 consecutive unselected patients with venous thromboembolism—results of the Spanish Multicentric Study on Thrombophilia (EMET-Study). *Thromb Haemost* 77(3):444–451
3. Weingarz L, Schwonberg J, Schindewolf M, Hecking C, Wolf Z, Erbe M, Weber A, Lindhoff-Last E, Linnemann B (2013) Prevalence of thrombophilia according to age at the first manifestation of venous thromboembolism: results from the MAISTHRO registry. *Br J Haematol* 163(5):655–665
4. Montagnana M, Lippi G, Danese E (2017) An overview of thrombophilia and associated laboratory testing. *Methods Mol Biol* 1646:113–135

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