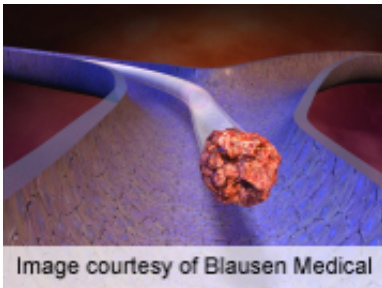


VTE occurs in 13 percent of head, neck cancer surgery cases

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Venous thromboembolism rates in a prospective cohort of head and neck cancer surgical patients are higher than previously reported in retrospective studies, according to research published online Sept. 26 in *JAMA Otolaryngology-Head & Neck Surgery*.

(HealthDay)—Venous thromboembolism (VTE) rates in a prospective cohort of head and neck cancer surgical patients are higher than previously reported in retrospective studies, according to research published online Sept. 26 in *JAMA Otolaryngology-Head & Neck Surgery*.

Daniel R. Clayburgh, M.D., Ph.D., from the Oregon Health and Science University in Portland, and colleagues prospectively studied 100 consecutive [patients](#) hospitalized at an academic surgical center for surgery to treat head and [neck cancer](#). Participants received clinical examination and duplex ultrasonographic evaluation on postoperative day (POD) two or three. Clinical follow-up occurred for patients with

negative findings on clinical examination, while participants with evidence of deep venous thrombosis (DVT) or pulmonary embolism (PE) were given therapeutic anticoagulation. Repeated ultrasonographic evaluation on POD four, five, or six occurred in patients with superficial VTE.

The researchers found that the overall incidence of VTE was 13 percent. Clinically significant VTE was identified in eight participants (seven DVT and one PE). Ultrasonographic evaluation alone detected an additional five participants with asymptomatic lower extremity superficial VTE. Postoperative anticoagulation therapy was received by 14 percent of patients. These patients had higher rates of bleeding complications than patients without anticoagulation therapy (30.1 versus 5.6 percent; $P = 0.01$).

"Hospitalized patients with [head and neck cancer](#) not routinely receiving anticoagulation therapy after surgery have an increased risk of VTE," the authors write.

More information: [Abstract](#)
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