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## Novel imaging strategies in venous thromboembolism

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### Citation

Dam, L. F. van. (2022, January 27). *Novel imaging strategies in venous thromboembolism*. Retrieved from <https://hdl.handle.net/1887/3254464>

Version: Publisher's Version

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**Note:** To cite this publication please use the final published version (if applicable).

## 'NOVEL IMAGING STRATEGIES IN VENOUS THROMBOEMBOLISM'

1. MR-NCTI (Magnetic Resonance Non-Contrast Thrombus Imaging) is a safe diagnostic imaging test to exclude acute recurrent ipsilateral DVT (deep vein thrombosis) and can therefore be used when a definitive diagnosis cannot be made with CUS (compression ultrasonography). (*this thesis*)
2. The addition of MR-NCTI to the diagnostic management of recurrent ipsilateral DVT does not lead to an increase in healthcare costs because of less false positive diagnoses. (*this thesis*)
3. In upper extremity deep vein thrombosis (UEDVT), MR-NCTI is an accurate imaging test and therefore a possible alternative non-invasive diagnostic imaging test when ultrasonography is inconclusive. (*this thesis*)
4. Routine assessment of the (modified) Wells score in combination with D-dimer testing is not recommended in the diagnostic management of suspected recurrent DVT, because of its high diagnostic failure rate. (*this thesis*)
5. The cumulative incidence of venous and arterial thrombotic events in critically ill patients with COVID-19 pneumonia is very high (49%), despite treatment with thromboprophylaxis. (*Klok et al, Thromb Res 2020; 191:148-150*)
6. In hospitalized patients with COVID-19 and elevated D-dimer levels, therapeutic anticoagulation with *direct oral anticoagulation* is not recommended, because of the comparable efficacy with prophylactic anticoagulation but higher bleeding risk. (*R. Lopez et al, Lancet 2021, 397(10291):2253-2263*)
7. After vaccination with Oxford-AstraZeneca COVID19 vaccine (ChAdOx1-S) an increased rate of venous thrombotic events of 11 per 100,000 vaccinations was seen, including increased rate of cerebral venous thrombosis of 2.5 per 100,000 vaccinations, but no increase in the rate of arterial thrombotic events. (*A. Pottegård et al, BMJ 2021, 373:n1114*)
8. There is a high degree of heterogeneity with regard to the position of emergency physicians in the hospital and their responsibilities in the Emergency Department among Dutch hospitals which may inhibit the emancipation of the emergency medicine discipline. (*S. Coppes et al, Int J Emerg Med, 2020, 13:8*)
9. You may never know what results come of your research, but if you do nothing, there will be no results at all. (*adapted from Mahatma Gandhi, 1869-1948*)
10. C'est le ton qui fait la musique; it is not *what* you say, it's the *way* you say it. (*adapted from William Bernbach, 1911-1982*)