



## Paget-Schroetter Disease: Symptoms, Prevention and Treatment

Caiano Ichiba\*

Department of Vascular and Interventional Radiology, Nanjing Medical University, Nanjing, China

### DESCRIPTION

Paget-Schroetter disease is a type of upper extremity Deep Vein Thrombosis (DVT), a condition in which blood clots develop in the deep veins of the arms. It is sometimes referred to as venous thoracic outlet syndrome. These DVTs frequently develop in the subclavian and/or axillary veins.

### Signs and symptoms

The illness is not very common. Males are more likely to develop it than females, and it typically manifests in young, healthy people. In the 1960s, the condition was also referred to as "effort-induced thrombosis," even though it can also happen spontaneously or as a result of anatomical abnormalities such as clavicle impingement. It could manifest as a complication of thoracic outlet syndrome. It is distinguished from secondary reasons for thrombosis in the upper extremities brought on by intravascular catheters. A violinist who abruptly increased practise time by tenfold was previously said to have Paget-Schroetter syndrome because the repeated pressure on the brachiocephalic and external jugular veins led to thrombosis.

Sudden onset of discomfort, warmth, redness, blueness, and swelling in the arm are possible symptoms. An ultrasound is typically used to confirm the diagnosis. The pulmonary embolism that these DVTs could result in.

A classic example of a condition that, when properly managed, has minimal long-term consequences but, when neglected, is associated with significant long-term morbidity is venous thoracic outlet syndrome progressing to the point of axillosubclavian vein thrombosis, also known as Paget-Schroetter syndrome or effort thrombosis. The subclavian vein is extremely prone to damage since it travels *via* the point where the first rib and clavicle meet in the front section of the thoracic outlet. Repetitive stresses often cause fixed intrinsic damage and the

creation of extrinsic scar tissue in this region, in addition to extrinsic compression. Upon identification of primary thrombosis, catheter-directed thrombolytic therapy is typically effective if started before ten to fourteen days of clot formation, but frequently reveals an underlying lesion. Although opinions regarding the necessity of and approach to treating the venous lesion itself vary, the vast majority of researchers agree that decompression of the venous thoracic outlet, typically accomplished through first rib excision, partial anterior scalenectomy, resection of the cost clavicular ligament, and thorough external venolysis, is required. Many researchers have found long-term success rates of this method between 95% and 100%. This review seeks to highlight ongoing debates and future research directions, both clinical and basic, in addition to covering the entire treatment protocol in more detail. Although there is consensus based on experience, there are surprisingly few prospective randomised trials addressing this entity. As a result, it may be important to take a step back and carefully examine various elements of this entity.

### Prevention

Paget-Schroetter disease can be prevented by avoiding severe upper extremity activities and gradually increasing activity levels.

### Treatment

Traditional thrombosis treatment entails systemic anticoagulation to prevent a pulmonary embolus, much like it does for a lower extremity DVT. Others have suggested mechanical thrombectomy using a large bore catheter and manual aspiration to provide final endovascular intervention or thrombolysis with catheter-directed alteplase. Surgery can be explored to fix the underlying problem if there is thoracic outlet syndrome or another anatomical cause.

**Correspondence to:** Caiano Ichiba, Department of Vascular and Interventional Radiology, Nanjing Medical University, Nanjing, China, E-mail: caianoichiba@gmail.com

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