

Genetica, emostasi e trombosi

DIRECT ORAL ANTICOAGULANTS IN THE SECONDARY PREVENTION OF VENOUS THROMBOEMBOLISM IN PATIENTS WITH SEVERE INHERITED THROMBOPHILIA: A REAL-WORLD MULTICENTER STUDY

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Introduction. The role of direct oral anticoagulants (DOACs) in the management of patients with venous thromboembolism (VTE) and severe inherited thrombophilia is controversial.

Aims. To evaluate effectiveness and safety of DOACs in VTE patients with severe thrombophilia.

Patients and methods. Consecutive patients with a history of VTE and severe thrombophilia [AT, PS, PC deficiency, FV Leiden (FVL) homozygosis, FIIG20210A homozygosis, combined heterozygosis of FVL+ FIIG20210A, and homocystinuria], referred between March 2014 and November 2025 to five tertiary thrombosis centres were included. All patients were treated with DOACs for at least 3 months. Each patient underwent follow-up every 3 months.

Results. A total of 100 patients were included. During follow-up, three recurrent VTE events (3%) occurred, corresponding to an incidence rate of 0.49 events per 100 patient-years (95% CI 0.10–1.43). No recurrences were observed within the first 3 months of treatment. Notably, recurrent events occurred in the presence of major transient prothrombotic conditions (pregnancy or active cancer). No major bleeding events were recorded. Minor bleeding occurred in 3% of patients, and clinically relevant non-major bleeding in 1%.

Conclusions. In this multicenter real-world cohort of patients with severe inherited thrombophilia, long-term DOAC therapy was associated with a low recurrence rate and a favourable safety profile. These findings provide clinically relevant reassurance supporting the use of DOACs for secondary prevention of VTE in carefully selected patients with severe inherited thrombophilia.