



## SESSION 4

# THROMBOSIS AND IBD

## Thromboembolic Complications in IBD

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Venous thromboembolism (VTE) is a commonly identified complication of inflammatory bowel disease (IBD). Unique characteristics of thrombosis in IBD patients include unusual locations, the coincidence of clotting with IBD flares, a high prevalence of bleeding, coincident, potentially interacting medications, and the need for extended therapy over the fluctuating course of IBD. A largely unanswered question is the optimal duration of anticoagulation. Although VTE can occur in typical locations, locations more prevalent in IBD patients include the hepatic and portal veins. VTE risk appears to correlate with disease activity—probably due to systemic inflammation, immobilization, line insertion, medication administration and the need for surgical or other interventions. However, patients with IBD do appear to be at increased risk of VTE even when their disease is quiescent. Managing anticoagulants in the face of ongoing bleeding is problematic: dose titration and/or reduced dose therapy may be required, as well as tolerance to continued bleeding supported by transfusion in some cases. The use of direct oral anticoagulants (DOACs) has simplified anticoagulant management given their fixed dosing, lack of monitoring requirements, short onset and offset of action, and reduced number of drug-drug interactions; however, the lack of an effective antidote may influence therapeutic choices. Duration of treatment should extend well beyond the VTE, and given the safety and efficacy of low dose DOACs, extended therapy should be considered. Ongoing risk-benefit ratio assessment is required, particularly with intermittently active disease.

### Key References

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Naymagon L, Tremblay D, Zubizarreta N, et al. The Natural History, Treatments, and Outcomes of Portal Vein Thrombosis in Patients With Inflammatory Bowel Disease. *Inflamm Bowel Dis*. 2021;27(2):215–23.