melbourne haematology

fact sheet

Superficial Thrombophlebitis

Superficial vein thrombosis (SVT)

What is superficial thrombophlebitis?

Superficial thrombophlebitis — also called superficial vein thrombosis, or SVT — occurs when there is inflammation and a blood clot in a vein just under the skin. It often occurs after an injury (e.g. a knock to the vein) or in a varicose vein, but may also happen without any obvious cause.

What are the symptoms of thrombophlebitis?

Inflammation in the vein often causes pain, redness and swelling along its length. A firm, “ropey” cord — the vein with clot inside it — can often be felt under the skin, and the area is usually tender to touch.

Is superficial thrombophlebitis dangerous?

Superficial thrombophlebitis is generally less serious than a clot in the deep veins (deep vein thrombosis, or DVT), but it's now understood to carry more risk than doctors once thought. Studies show that a clot in the deep veins is also present in a meaningful proportion of people with SVT, and in some people, small clot fragments can travel to the lungs even without symptoms.

Because of this, it's important that every case of suspected SVT is properly assessed — particularly to check how close the clot is to the deep venous system — rather than assuming it will settle on its own.

What tests need to be done for superficial thrombophlebitis?

An ultrasound (Doppler or duplex ultrasound) of the vein is needed to show exactly where the clot is, how long it is, and — importantly — how close it is to the point where the superficial vein joins the deep venous system. This information guides the treatment decision. Ultrasounds are harmless and painless.

What is the treatment of superficial thrombophlebitis?

Treatment depends on the size and location of the clot, and the severity of symptoms.

For smaller clots away from the deep venous system, simple measures are often enough — compression stockings or bandages, staying mobile, and anti-inflammatory medication (such as topical or oral Voltaren) for pain relief.

For larger clots (generally 5cm or longer) or those close to where the vein joins the deep venous system, blood-thinning medication (anticoagulation) is now usually recommended. A major clinical trial (the CALISTO study, published in 2010) found that a daily injection of a blood thinner called fondaparinux, given for 45 days, significantly reduced the risk of the clot extending or causing a more serious clotting complication, with a low risk of bleeding. More recently, studies have shown that rivaroxaban — a blood-thinning tablet — works comparably well for higher-risk clots, offering a needle-free alternative to daily injections.

Your doctor will weigh up the size and position of the clot, your individual risk factors, and your preferences (tablet versus injection) in recommending the most suitable option. All blood-thinning medications carry some bleeding risk, which your doctor will discuss with you.

When should I seek urgent medical advice?

See a doctor promptly, or go to your nearest emergency department, if you experience the whole leg swelling, pain that spreads well beyond the original area, or symptoms such as chest pain or shortness of breath — these can (rarely) indicate the clot has extended into the deep veins or travelled to the lungs.

References

1. Decousus H, Prandoni P, Mismetti P, et al. Fondaparinux for the treatment of superficial-vein thrombosis in the legs (CALISTO trial). New England Journal of Medicine. 2010;363(13):1222-1232.

2. Beyer-Westendorf J, Schellong SM, Gerlach H, et al. Prevention of thromboembolic complications in patients with superficial-vein thrombosis given rivaroxaban or fondaparinux (SURPRISE trial). Lancet Haematology. 2017;4(3):e105-e113.

3. European Society for Vascular Surgery (ESVS) 2021 Clinical Practice Guidelines on the Management of Venous Thrombosis. European Journal of Vascular and Endovascular Surgery. 2021.

Further Questions?

The information presented in this fact sheet is intended as a general guide only.

Patients should seek further advice and information about **Superficial Thrombophlebitis** and their individual condition from their treating haematologist or doctor.

For additional information about blood disorders and their treatment, or to contact one of our specialist haematologists, visit the Melbourne Haematology website:

www.melbournehaematology.com.au