

Hyperhomocysteinemia and venous thrombosis in the elderly

N. Adaily
A. Mzabi
I. Ben Hassine
J. Anoun, M. Karmani
F. Ben Fredj
C. Laouani

University Hospital Center of Sahloul, Internal Medicine, Sousse, Tunisia

N. Adaily et al.. Hyperhomocysteinemia and venous thrombosis in the elderly.
Middle East Journal of Age and Ageing. 16(1):p30 DOI: 10.5742/MEJAA.2019.93645

ABSTRACT

Introduction: Hyperhomocysteinemia (HH) is frequently encountered in the elderly. It favours the development of venous thrombosis (VT) in this population.

The aim of our study is to determine the clinical, therapeutic and evolutionary particularities of VT in the AS associated with HH.

Methods and materials: This is a retrospective descriptive study of 219 cases of patients aged 65 years and over, followed up for venous thrombosis, collected in the Internal Medicine Department of the Sahloul University Hospital of Sousse; among these patients, 50 cases of VT associated with HH were studied.

Results: There were 23 men (46%) and 27 women (54%). The mean age was 75.3 years. The mean homocysteine level was 20.04 $\mu\text{mol/l}$. Lower limb VT was present in all patients. It was associated with inferior vena cava thrombosis in one case. Oedema was found in 98% of patients. Complications related to VT and/or treatment were frequently: asymptomatic Vitamin K antagonists (VKAs) overdose in 24% of cases, haemorrhage (14%), recurrence (14%) and pulmonary embolism (11%).

Treatment was based mainly on heparin and/or VKA therapy. Folic acid was combined with anticoagulant therapy in all cases.

Conclusion: VT is located in the lower limb in the majority of cases. HH may also explain the occurrence of VT in an unusual location. Untreated HH may be a risk factor for recurrence of VT. HH remains a leading cause of venous thromboembolic disease in the elderly.