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Aspirin for Postoperative Venous Thromboembolism Prophylaxis

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Dear Editors,

We read with great interest the extremely informative paper recently published in this Journal by Baumgartner and colleagues,¹ demonstrating that postoperative thromboprophylaxis with aspirin-only was not associated with a higher risk of postoperative venous thromboembolism (VTE) compared with anticoagulants after hip or knee arthroplasty. Although various risk factors for VTE have been considered, the influence of systemic immunoinflammatory disease (such as psoriasis) and tuberculosis has not. However, clinical data have convincingly demonstrated that patients with systemic immunoinflammatory disease or tuberculosis have an increased risk for developing VTE.^{2–5} Recently, a large-scale cohort study conducted in the UK suggested that patients with psoriasis have an elevated incidence of VTE compared with patients without this common inflammatory disorder after adjusting for age and sex.³ Many risk factors are known for VTE. Among these, infections are considered classic risk factors requiring thromboprophylaxis. Schmidt et al. retrospectively observed a 3- to 12-fold increase of VTE risk after various acute infections.⁴ Tuberculosis, one of the most prevalent severe infections worldwide, most usually presents as a chronic disease. In a recent study, tuberculosis was found to be an independent risk factor for VTE with a VTE prevalence of 2% among patients with active tuberculosis.⁵ Therefore, systemic immunoinflammatory disease and tuberculosis should be investigated for studies in which the risk factors for VTE are evaluated. Data should be collected in the baseline clinical characteristics. We are surprised that these potentially important factors have not been considered, despite the known increase in VTE risk with prior medical history of systemic immunoinflammatory disease or tuberculosis.

If the systemic immunoinflammatory disease and tuberculosis have been investigated in the study presented by Baumgartner and colleagues, it would be of utmost interest to consider these risk factors to evaluate their potential contribution to VTE. Such knowledge would reinforce the clinical effects of systemic immunoinflammatory disease or tuberculosis on VTE.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

REFERENCES

1. Baumgartner C, Maselli J, Auerbach AD, Fang MC. Aspirin Compared with Anticoagulation to Prevent Venous Thromboembolism After Knee or Hip Arthroplasty: a Large Retrospective Cohort Study. *J Gen Intern Med*. 2019. doi: <https://doi.org/10.1007/s11606-019-05122-3>.
2. Lutsey PL, Prizment AE, Folsom AR. Psoriasis is associated with a greater risk of incident venous thromboembolism: the Iowa Women's Health Study. *J Thromb Haemost*. 2012;10:708–11.
3. Oddie A, Kay McGill N, Shin DB, et al. Risk of venous thromboembolism in patients with psoriatic arthritis, psoriasis and rheumatoid arthritis: a general population-based cohort study. *Eur Heart J*. 2018;39:3608–14.
4. Schmidt M, Horvath-Puho E, Thomsen RW, Smeeth L, Sørensen HT. Acute infections and venous thromboembolism. *J Intern Med*. 2012;271:608–18.
5. Dentan C, Epaulard O, Seynaeve D, Genty C, Bosson JL. Active tuberculosis and venous thromboembolism: association according to international classification of diseases, ninth revision hospital discharge diagnosis codes. *Clin Infect Dis*. 2014;58:495–501.

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