

## **Thrombophilia - Cases**

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Whether or not screening for thrombophilia in patients with idiopathic venous or arterial thromboembolism is justified, depends on the potential benefits for the patients, or their relatives. It is known that the presence of a heritable thrombophilic defect increases the risk of first thrombosis to varying degrees. At present, patients with a thrombophilic defect do not appear to have a much higher risk for recurrent venous thromboembolism, than patients with thrombosis but without a defect. The absolute risks of venous thromboembolism in asymptomatic relatives with a thrombophilic defect are too low to justify initiating a general policy of family screening. Because testing for thrombophilia only serves limited purpose this should not be performed on a routine basis. The decision to test these selected patients should be based on whether or not test results are likely to influence treatment decisions. In this presentation a few cases are discussed in which the finding of a thrombophilic factor did change therapy.