

Vena cava filters: why, when, what and how?

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Filter or without filter? If yes, which one should be chosen? These two questions represent one of the most passionate debates since almost 60 years in the treatment of the thromboembolic disease. The debates are not closed since besides some exceptions (until now only one randomized study) the literature remains poor in large studies and the decision is often taken taking into account personal convictions. This article proposes to make a state of the art about caval filtration, while reminding that cava filters remain only an additional tool in the prevention of pulmonary embolism (PE) and the decision of filtering a patient must be taken individually within a multidisciplinary team. All the previous opinions concerning caval filtration were disrupted by the arrival in the 1990s of a new type of vena cava filter: the optional filters or with retrieval option which allow to prevent the appearance of a PE during a more or less long time and which can be retrieved from the patient, thus avoiding the long-term complications of the cava filters. Still they can be left in place as permanent filter if necessary. After analyzing the pros and cons for the caval filtration, the Authors suggest some orientations for the future, mainly concerning the indications of primary prophylaxis. Until now the ideal filter does not exist, but even if it existed, it should be able to disappear at the right moment, without a new potentially aggressive procedure.

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