



Letter to the Editor

## Comment on “should we screen hereditary thrombophilia testing in patients with provoked/unprovoked venous thromboembolism?”



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#### Dear Editor

I have read with great interest the recent article by Ulas et al. regarding the role of hereditary thrombophilia testing in patients with provoked/unprovoked thromboembolism (VTE). The authors have clearly and diligently summarized this long-lasting controversial issue [1]. However, I partial agree with the authors because some authors in the literature strongly advocate ordering thrombophilia testing especially in young patients.

Mateo et al. reported that the rate of thrombophilic disorders was approximately 2 times greater in patients less than 45 years of age than patients over 45 years of age in a prospective study involving 2132 unselected patients with VTE [2]. In another study involving 1490 patients with a median age 43 years at the time of their first VTE, Weingarz et al. indicated that screening for hereditary thrombophilia should be considered for patients younger than 40 years old after a first VTE episode, especially in cases of unprovoked VTE [3]. Montagnana

et al. also demonstrated that hereditary thrombophilia testing is essential to help achieve a faster and more efficient diagnosis of this condition as well as a more effective prophylaxis of patients at higher risk and treatment of those with manifest disease [4].

Today there is no consensus to resolve this issue and this debate is likely to continue, unless there are more sensitive and/or specific tests that predict the risk of VTE. I hope that the above-mentioned items would add to the value of the well-written manuscript of Ulas et al. [1].

#### Conflict of interest

There is no conflict of interest or financial support.

#### References

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