

Venous thromboembolism in the Chinese population— experience in a regional hospital in Hong Kong

To the Editor—We note with interest the recent publication “Venous thromboembolism in the Chinese population—experience in a regional hospital in Hong Kong”.¹ The authors mentioned that the use of thrombophilic screening tests were limited, partly due to financial constraints and partly due to the low frequency of the condition in Chinese people. Based on these data, however, of the 16 selected patients tested, six had hereditary thrombophilia (either protein C or protein S deficiency) and four had lupus anticoagulant (LA).¹ Hence, hereditary thrombophilia was detected in 37.5% (6/16) of patients and, overall, 62.5% (10/16) of patients had thrombophilia. Moreover, in a previous study conducted locally, of the 52 consecutive Chinese patients with documented venous thrombosis, 25 had hereditary thrombophilia (either antithrombin, protein C, or protein S deficiency) and five had LA and/or anticardiolipin antibodies.² This accounts for a prevalence rate for hereditary thrombophilia of 48% (25/52) with an overall rate of 58% (30/52) with thrombophilia. This suggests a high incidence of thrombophilia detected in selected groups of patients. Although we agree with Liu et al¹ that thrombophilic testing is expensive, screening is justified to identify at-risk patients who will receive appropriate prophylactic anticoagulation and advice aimed at prevention of recurrent

thromboembolism. We recommend that thrombophilic screening should be performed, at least for selected patient groups such as those with spontaneous venous thromboembolism, thrombosis occurring at unusual sites or recurrent thrombosis, young age of onset (younger than 45 years old), and family history of thrombosis.³

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