



OPEN ACCESS

EDITED AND REVIEWED BY
Eleni Gavrilaki,
Aristotle University of Thessaloniki, Greece

*CORRESPONDENCE
Pierpaolo Di Micco
✉ pdimicco@libero.it

RECEIVED 06 October 2025
ACCEPTED 13 October 2025
PUBLISHED 24 October 2025

CITATION
Siniscalchi C and Di Micco P (2025) Editorial:
Therapeutic approaches in venous
thromboembolism management and
coagulation. *Front. Med.* 12:1719487.
doi: 10.3389/fmed.2025.1719487

COPYRIGHT
© 2025 Siniscalchi and Di Micco. This is an
open-access article distributed under the
terms of the [Creative Commons Attribution
License \(CC BY\)](#). The use, distribution or
reproduction in other forums is permitted,
provided the original author(s) and the
copyright owner(s) are credited and that the
original publication in this journal is cited, in
accordance with accepted academic practice.
No use, distribution or reproduction is
permitted which does not comply with these
terms.

Editorial: Therapeutic approaches in venous thromboembolism management and coagulation

Carmine Siniscalchi¹ and Pierpaolo Di Micco^{2*}

¹Internal Medicine Ward, University of Parma, Parma, Italy, ²Internal Medicine Ward, "P.O. Santa Maria delle Grazie", ASL Naples 2, Pozzuoli, Naples, Italy

KEYWORDS

venous thromboembolism, therapies, editorial, coagulation, management

Editorial on the Research Topic

Therapeutic approaches in venous thromboembolism management and coagulation

This Research Topic focuses on the daily management of venous thromboembolism, from prophylaxis to treatment and prognosis.

Several scholars reported their clinical experiences in different clinical settings where constant updates are necessary.

[Alsuhebany et al.](#) reported an intriguing experience with different types of thromboprophylaxis for inpatients in the neurological intensive care unit with hematological/oncological malignancies. It is difficult to determine the best practice for patients at risk of developing thrombosis due to bedridden status and malignancies associated with frequent thrombocytopenia or platelet dysfunction from oncological treatments, and this topic is still under discussion ([Alsuhebany et al.](#)) (1). Often, this clinical scenario can benefit from nursing surveillance because of the instability of clinical conditions of patients with VTE or at risk for VTE. As in other aspects of the daily clinical management of patients, from acute treatments for VTE to prolonged anticoagulation, the nursing system is acquiring a fundamental role ([Diao et al.](#)). In oncological management, in fact, nursing support is essential. Particular interest, in fact, is reserved for cancers at high risk of VTE, such as different types of lung cancer, as reported by [Xie et al.](#), [Chen et al.](#), and [Liu et al.](#) Surveillance is high for both patients who have undergone surgery and those undergoing chemotherapy. The clinical characteristics of patients with lung cancer who develop VTE may also differ based on oncological characteristics and the presence of other thrombotic risk factors ([Xu et al.](#)). Specific characteristics of patients with VTE represent a shift from evidence-based medicine to tailored medicine, and among the relevant aspects that may influence the prognosis of patients with VTE, PaCO₂ levels and the location of pulmonary thrombus may identify a subgroup of patients with a poor prognosis ([Demsie et al.](#)); moreover, inherited predisposition appears to play a specific role also in these vulnerable patients as evidenced by data found during studies on the *TMEM132A* gene ([Xie et al.](#)).

However, patients with major trauma who undergo major orthopedic surgery may also receive tailored treatments: prophylaxis of post-traumatic hemorrhage with tranexamic acid administered before hospitalization ([Li et al.](#)) represents a constant effort to decrease mortality in this critical clinical setting, although it could increase the risk of future VTE in major orthopedic surgery. This clinical setting is, in fact, historically associated with an increased risk of thrombotic complications, including hip and knee prosthesis, as reported by [Ren et al.](#)

However, the optimal anticoagulation during hospitalization and in the weeks following an acute VTE is still a matter of clinical debate, due to the constant risk of prolonged management of anticoagulant treatment (2) (Yang and Liu; Huang et al.; Siniscalchi et al.).

Author contributions

CS: Resources, Validation, Software, Writing – review & editing, Project administration, Formal analysis, Supervision, Writing – original draft, Data curation, Investigation, Methodology, Visualization, Conceptualization. PD: Resources, Writing – original draft, Investigation, Formal analysis, Software, Visualization, Funding acquisition, Data curation, Conceptualization, Validation, Methodology, Project administration, Writing – review & editing, Supervision.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

References

1. Siniscalchi C, Basaglia M, Riva M, Meschi M, Meschi T, Castaldo G, et al. Statins effects on blood clotting: a review. *Cells*. (2023) 12:2719. doi: 10.3390/cells12232719
2. Mastroiacovo D, Dentali F, di Micco P, Maestre A, Jiménez D, Soler S, et al. Rate and duration of hospitalisation for acute pulmonary embolism

The author(s) declared that they were an editorial board member of Frontiers, at the time of submission. This had no impact on the peer review process and the final decision.

Generative AI statement

The author(s) declare that no Gen AI was used in the creation of this manuscript.

Any alternative text (alt text) provided alongside figures in this article has been generated by Frontiers with the support of artificial intelligence and reasonable efforts have been made to ensure accuracy, including review by the authors wherever possible. If you identify any issues, please contact us.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

in the real-world clinical practice of different countries: analysis from the RIETE registry. *Eur Respir J*. (2019) 53:1801677. doi: 10.1183/13993003.01677-2018