Four agents were compared for their efficacy in preventing or reducing thromboembolism following total hip replacement in 187 patients without prior history of phlebitis. Warfarin (W), dextran (D), and aspirin (A) were equally effective and superior to heparin (H) with respect to the number of patients with fresh thrombi or the prevalence of thrombi in the thigh. W and D were superior in reducing the number of thrombi formed. Significantly fewer bleeding complications occurred with A than with W. Prophylactic use of W or A followed by W treatment if a thrombus was detected provided protection against pulmonary embolism. [The SC indicates that this paper has been cited in over 175 publications.]

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My commitment to attacking the problem of postoperative fatal pulmonary emboli grew out of a very disturbing experience that occurred when I was chief resident in Orthopaedic Surgery at the Massachusetts General Hospital in 1959. A marvelous man died in my arms from a fatal pulmonary embolus two weeks after a cup arthroplasty. The price he paid for an attempt at the surgical correction of a benign condition was far too high.

After joining forces with Ed Salzman and Roman De Sanctis, we embarked on a series of studies, which now includes 17 publications spanning the past 20 years. Compared with the circumstances 25 years ago, extraordinary progress has been made. At that time the concept of the disease was primitive, diagnosis was woefully inadequate, prophylaxis hardly existed, and treatment was inept and dangerous.


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