than ours, but the observed prevalence of thromboembolism. The observed prevalence of thromboembolism, focusing on the prevalence of positive thrombophilia tests.

The third reason does not exist in our study group because the frequencies of all thrombophilia traits, except protein S deficiency (for which no cases were disclosed), prothrombin G20210A gene variation and elevated factor VIII activity, were higher than expected in the general population. The total percentage of existence of thrombophilia was found 62.5%. Most studies focus on patients with high - suspicion thrombophilia due to familial history of thromboembolism, focusing on the prevalence of positive thrombophilia tests.

Therefore, we propose an extensive laboratory thrombophilia screening when a family history of thromboembolism has been recorded especially when it concerns both parents and/or their family members and even more when one or more acquired thrombophilic factors coexist.

**Conflict of Interest**
The Authors declare no conflict of interest.

**References**
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