

Deep vein thrombosis: a case report

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INTRODUCTION Deep vein thrombosis (DVT) is an obstruction of the vein caused by thrombus. It most commonly occurs in the deep veins of the lower extremity. DVT is divided into distal and proximal vein thrombosis. Symptoms of DVT include warmth, swelling, pain and erythema of the involved extremity. Risk factors are old age, pregnancy, synthetic estrogen, trauma, surgery, past DVT, cancer, obesity, immobility and thrombophilia. Wells score evaluates the likelihood of DVT. D-dimer assay should be routinely performed. It has a negative predictive value for DVT. Ultrasound evaluation is recommended for patients with likely DVT according to the Wells score or a positive D-dimer assay. Treat with low molecular weight heparin (LMWH) immediately. Start warfarin simultaneously with LMWH for 3-6 months.

CASE PRESENTATION 80-year old female presents to the outpatient department due to a week of right leg swelling with calf tenderness. She denies having any difficulties breathing. Her regular therapy consists of antihypertensive drugs. On physical examination her vitals are: blood pressure 140/80 mmHg, heart rate 80/min, oxygen saturation 98 %, body temperature 36,5 °. Right calf is warm and painful on palpation. Her Wells score is 3. There is no D-dimer assay available in the outpatient department. She is urgently referred to the nearby hospital for further evaluation.

CONCLUSION Proximal vein thrombosis is most commonly associated with the development of pulmonary embolism (PE). PE is a medical emergency. Anticoagulant therapy is indicated for patients with DVT, since PE will occur in 50 % of untreated individuals.