

# Paget-Schroetter syndrome in a young female patient: a case report

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**Introduction:** Deep vein thrombosis (DVT) is one of the most common causes of hospitalization and is the third most common cause of death from cardiovascular diseases after myocardial infarction and stroke.<sup>1,2</sup> Upper extremity DVT (UEDVT) can be primary and secondary. The incidence of secondary UEDVT is increasing due to the frequent use of central venous catheters, pacemakers and defibrillator leads, and tunneled vascular access. Primary UEDVT is known as Paget-Schroetter syndrome, which is the venous form of thoracic outlet syndrome, a clinical syndrome in which nerves, arteries, and veins in the chest or neck are compressed, typically by repetitive movements. It is more common in women than men. Most often occurs between 20 and 50 years.<sup>3,4</sup> Authors present an unusual case of upper arm vein thrombosis.

**Case report:** 41-year-old female patient, who had been healthy until now, was hospitalized due to DVT of the right upper arm. The symptoms of pain and swelling appeared after the medical massage. Vascular ultrasound revealed thrombosis of the basilic and axillary veins. Treatment with low molecular weight heparin (enoxaparin) in a therapeutic dose was started. Screening for malignant disease as well as for thrombophilia was done and the findings were negative. The echocardiogram findings were normal, and breast ultrasound of both breasts showed normal findings of skin and subcutaneous fat tissue on both sides. Magnetic resonance venography was performed, which showed extraluminal compression of the subclavian vein in the abduction position of the left arm with localized filling failure, which primarily corresponded to thoracic outlet syndrome (**Figure 1**). The patient was discharged with a recommendation of taking anticoagulation therapy for 3 to 6 months. Thoracic and vascular surgeons were consulted who also recommended conservative treatment.

**Conclusion:** Paget-Schroetter syndrome is usually an effort thrombosis due to mechanical causes. Currently, there are no clear guidelines or consensus for treatment of this condition. Physicians should keep it in mind as a cause of venous thrombosis in patients without risk factors.



**FIGURE 1.** Magnetic resonance venography shows compression of the subclavian vein in the abduction position of the left arm.

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## LITERATURE

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