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Case Report

Extensive Septic Venous Thrombosis of Insolite Location Discovered in Post Partum: Myth or Reality?

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Abstract

Deep vein thrombosis (DVT), classically localized to the lower limbs, is inseparable from its immediate complication which is pulmonary embolism (PE), which justifies the concept of venous thrombo embolic disease (VTE). Other locations of DVT, although rarer, can occur and are classically called deep vein thrombosis of unusual location.

We report the case of an AB patient of rural origin, twenty four years old, without any particular history, third gesture or second pare, who consulted our emergency room after twenty days of her delivery for a functional impotence of both lower limbs of acute onset and rapidly progressive worsening.

A pelvic Doppler ultrasound and both lower limbs showed: a post gravid uterus, absence of intra uterine or abdominal-pelvic collection and absence of thrombosis of the ovarian veins. A total thrombosis of the supra- and sub-renal inferior vena cava, of the common and external iliac veins and of the femoral and popliteal veins, a total thrombosis of the veins of the two lower limbs with the head of the thrombus at the level of the supra-renal inferior vena cava.A thin layer of effusion in the Douglas' pouch.

The final diagnosis was an atypical thrombophlebitis of unusual localization of septic origin (post partum endometritis) and thrombo embolic (post partum bed rest without anti coagulation).

The treatment was a triple antibiotic therapy.

The evolution was favorable.

Thrombophlebitis with unusual location represents a serious condition that requires exploration and adequate symptomatic and etiological management. The negativity of the initial etiological workup requires a good follow-up of the patients is advocated because DVT can be an early sign of neoplastic disease.

Keywords: Deep Vein Thrombosis (DVT); Pulmonary Embolism (PE)

Introduction

Deep vein thrombosis (DVT), classically localized to the lower limbs, is inseparable from its immediate complication which is pulmonary embolism (PE), which justifies the concept of venous thrombo embolic disease (VTE). Other locations of DVT, although rarer, can occur and are classically called deep vein thrombosis of unusual location.

A DVT of unusual location may be located in the upper limbs including the internal jugular vein, subclavian vein and axillary vein, vena cava, cerebral veins, portal veins, central retinal vein, an intra-cardiac thrombus. The association of two localizations can be observed following prolonged bed rest, in post-partum, in postoperative.

The etiologies are multiple: solid neoplasia, hematological malignancies, infections, Behcet's disease, resistance to activated protein C, hyper homocysteinemia, antithrombin deficiency, nephrotic syndrome, dilated cardiomyopathy and paroxysmal nocturnal hemoglobinuria, portal cavernoma, inferior vena cava malformation, and retroperitoneal fibrosis.

About a case

We report the case of an AB patient of rural origin, twenty four years old, without any particular history, third gesture or second pare, who consulted our emergency room after twenty days of her delivery for a functional impotence of both lower limbs of acute onset and rapidly progressive worsening. Her delivery by vaginal route was unassisted at home, followed by bed rest without anti coagulation. Examination: patient apyretic conscious cooperating eupnea hemodynamically stable a paresis.fetid lochia with pain to the uterine mobilization.her two calves were flexible Homans negative bilaterally.hypogastric pain without defense or contracture.absence of inferior cave syndrome.

In biology, hyperleukocytosis at 14000 and reactive creatine protein elevated at 200.

An X-ray of the pelvis was done showing the absence of symphyseal disjunction and the absence of pelvic fracture.

A pelvic Doppler ultrasound and both lower limbs showed: a post gravid uterus, absence of intra uterine or abdominal-pelvic collection and absence of thrombosis of the ovarian veins. A total thrombosis of the supra- and sub-renal inferior vena cava, of the common and external iliac veins and of the femoral and popliteal veins, a total thrombosis of the veins of the two lower limbs with the head of the thrombus at the level of the supra-renal inferior vena cava.A thin layer of effusion in the Douglas' pouch.

The final diagnosis was an atypical thrombophlebitis of unusual localization of septic origin (post partum endometritis) and thrombo embolic (post partum bed rest without anti coagulation).

The treatment was a triple antibiotic therapy by intravenous route (metronidazole, gentamicin and cefotaxime) and a heparin therapy at the curative dose and compression stockings.

The evolution was favorable.

Discussion

Deep vein thrombosis (DVT), classically localized to the lower limbs, is inseparable from its immediate complication of pulmonary embolism (PE), which justifies the concept of venous thromboembolic disease (VTE). Other locations of DVT, although rarer, can occur and are classically called deep vein thrombosis of unusual location.

The diagnostic tool was most often echo-Doppler (60%), CT or MRI in 40% of cases. Etiology: UC, Crohn's, myeloproliferative syndromes (Vaquez disease, essential thrombocythemia), infectious diseases (spotted fever, cold dental abscess), Behçet's disease, thrombophilia (protein C and S deficiency), neoplasia (cholangiocarcinoma), 5 without etiology.

Most cases of inferior vena cava thrombosis occur only when several prothrombotic steps are added together.

Some of these conditions are hereditary: factor V Leiden, protein C deficiency, protein S deficiency, antithrombin III deficiency, hyperhomocysteinemia, and factor II abnormality; other conditions are acquired: myeloproliferative syndrome, paroxysmal nocturnal hemoglobinuria, and antiphospholipid syndrome.

A systematic search for all these conditions should be performed.

Ultrasound coupled with Doppler shows either direct signs by visualizing the thrombus intra luminally, or indirect signs of collateral venous circulation between the obstructed territories

and the contiguous intra- or extrahepatic territories that remain permeable.

The treatment includes the prevention of thrombosis by the administration of anticoagulants. This can initially be done with low molecular weight heparin, but vitamin K antagonists (VKA) must be introduced as soon as possible to avoid thrombocytopenia to heparin. This was our initial therapeutic attitude.

Inferior vena cava thrombosis is becoming an increasingly frequent pathology, probably multifactorial and in which hereditary factors are strongly involved, among which we cite the still underestimated primary anti-phospholipid antibody syndrome.

The initial pictures can be very severe, but can also be completely reversible if adequate management is implemented. It should be considered more often.

Conclusion

Despite their low incidence, thrombophlebitis with unusual location represents a serious condition that requires exploration and adequate symptomatic and etiological management. The negativity of the initial etiological workup requires a good follow-up of the patients is advocated because DVT can be an early sign of neoplastic disease.