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Deep Vein Thrombosis: In A Case with Unlikely Wells Score.

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ABSTRACT

This is an unexpected case of deep vein thrombosis in an unlikely Wells score. The diagnosis of DVT is not always straightforward as other conditions may have similar symptoms. Failure to diagnose a case of DVT correctly could lead to incorrect treatment, with the patient potentially sustaining a fatal PE as a result. It affects approximately 0.1% of persons per year. Venous ultrasonography is the investigation of choice in patients stratified as DVT likely. It is non-invasive, safe, available, and relatively inexpensive. The goal of therapy for DVT is to prevent the extension of thrombus, acute PE, recurrence of thrombosis, and the development of late complications such as pulmonary hypertension and post-thrombotic syndromes. The treatment usually involves achieving a therapeutic dose of UFH or LMWH.

Keywords: Deep vein thrombosis, pulmonary embolism, Ultrasonography, Heparin.

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INTRODUCTION

The prevalence of Deep Vein Thrombosis (DVT) in various series involving Western population ranges from 15% to 40% among patients undergoing major general surgical procedures [1]. The autopsy studies document that 50% of all patients dying in hospital have DVT [2]. Around 10–30% of these patients have pulmonary embolism secondary to proximal DVT [3]. It is believed that the DVT is less prevalent among the Indians and Asians [4]. There have been very few studies on DVT in postoperative period in Asian patients. The reported incidence of DVT varies from 1.3% in spinal surgery to 41.7% following colorectal surgery among the Asians [5-9].

CASE REPORT

A 45 years old thin built lady came with complaints of menorrhagia for 1 year. She was pale and her haemoglobin was 7g/dl. She was transfused with 2 units of packed cells. Total abdominal hysterectomy done for multiple symptomatic fibroids Time duration of surgery was only 55 minutes. On post operative day 1 foleys catheter was removed and she started ambulating well.

On post operative day 4 she complained of pain at surgical wound and same pain radiating to lower limbs. There was no calf muscle tenderness. Though her Wells DVT score was only 1 and unlikely DVT, We suggested for a venous ultrasound, which showed the patient had Proximal DVT of left leg. Immediately we started her on LMWH therapy and she recovered well.

DISCUSSION

Most thrombi begin intra operatively, some start a few days, weeks, or months after surgery. Lending its support to the origin of thrombus in valve pockets is a recent hypothesis of an increased expression of endothelial protein C receptor (EPCR) and thrombomodulin (TM) and a decreased expression of Von Willebrand factor (vWF) noted in valve sinus endothelium compared with vein luminal endothelium. This means an up regulation of anticoagulants (EPCR, TM) and a down regulation of procoagulant (vWF) properties of the valvular sinus endothelium [10]. Fatal PE is far more likely to result from proximal DVT [11]. The duration of anticoagulation depends on whether the patient has a first episode of DVT, ongoing risk factors for VTE disease, and known thrombo phlebitis [12]. In patients with first proximal DVT occurring in the context of a transient risk factor such as surgery or trauma, the risk of recurrence is very low and a limited duration of treatment (3 months) is adequate [13,14]. Long-term anticoagulation therapy should be considered for recurrent thromboses, patients with ongoing risk such as active cancer and a first unprovoked proximal DVT or PE where no risk factors for bleeding are present, and where anticoagulation control is good. This may be particularly the case if D-dimer is raised after discontinuing anticoagulation, in males, in those with post-thrombotic syndrome, and in those with anti-phospholipid antibodies [15].

CONCLUSION

A high index of suspicion of DVT is needed for early diagnosis and prompt intensive multidisciplinary supportive care in all post operative cases.

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