

“I Thought I Was Done With Blood Thinner?”

A Case Report of Fulminant Phlegmasia Cerulea Dolens

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Introduction

Phlegmasia Cerulea Dolens is a rare complication of extensive deep vein thrombosis characterized by sudden limb pain, swelling, ecchymosis, and loss of distal arterial pulses of affected limb. It has high amputation and mortality rate with delayed diagnosis and treatment

Case Description

28 years old 3-months postpartum patient with psoriasis presented with complain of **acute 4-hour onset of left lower limb pain and darkening of her psoriatic rash over the limb**. She had completed the postpartum thromboembolism prophylaxis after her caesarean delivery.

Examination revealed diffuse swelling of left lower limb, with cyanosis, calf tenderness, pitting oedema and feeble pulses.

Bedside ultrasonography confirmed left popliteal and femoral thrombosis without evidence of right-heart strain echocardiographic finding.

CT venography demonstrated extensive thrombosis involving the left iliac, femoral, and popliteal veins, with partial inferior vena cava (IVC) thrombosis.

Immediate anticoagulant and pain control were initiated, along with limb elevation.

This patient underwent endovascular thrombectomy and IVC filter placement at a tertiary centre, with successful recovery and no acute complications.



Diffuse swelling and darkening of psoriatic rash over left lower limb comparing to right side

Discussion

Treatment focuses on preventing thrombus propagation and preserving venous patency. Initial measures include anticoagulation, limb elevation, and fluid resuscitation. Endovascular thrombectomy demonstrates superior patency rates compared to thrombolysis alone. IVC filter may be considered to reduce pulmonary embolism risk.

Conclusion

This case highlights PCD's fulminant onset and the importance of prompt intervention. Early heparinization and endovascular therapy can mitigate morbidity and mortality in this critical condition.

References

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