Ovarian Vein Thrombophlebitis: Case Report

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Abstract

The ovarian vein thrombophlebitis (TVO) is a rare entity which it may occur during the immediate postpartum period and carries considerable morbidity. Its incidence is 0.15 to 0.18% at vaginal delivery [2], with a mortality rate of 18 / million pregnancies, being more common after cesarean (1-2%) [3].

We present a patient with postpartum TVO, which in the present study hypercoagulable positive lupus anticoagulant, to our knowledge there are only two cases reported in the medical literature [4], this being first diagnosed in the immediate postpartum. It also presents culture positive lochia, which is rare in cases described previously, and inferior vena cava thrombosis, one of the possible complications of TVO.

Keywords: Ovarian vein thrombophlebitis; Antiphospholipid syndrome; Thrombophlebitis

Introduction

The ovarian vein thrombophlebitis (TVO) is a rare entity, first described by Austin et al. [1], which it may occur during the immediate postpartum period and carries considerable morbidity. Its incidence is 0.15% to 0.18% at vaginal delivery [2], with a mortality rate of 18 / million pregnancies, being more common after cesarean (1-2%) [3].

We present a patient with postpartum TVO, which in the present study hypercoagulable positive lupus anticoagulant, to our knowledge there are only two cases reported in the medical literature [4], this being first diagnosed in the immediate postpartum. It also presents culture positive lochia, which is rare in cases described previously, and inferior vena cava thrombosis, one of the possible complications of TVO.

Case Report

A female of 24 years Surgery for vesicoureteral reflux in children, Primipara. He presented gestational diabetes mellitus with good metabolic control. Planned cesarean section for twin presentation facility. The 5th day post-intervention consultation begins with spiking fevers in daily needle to 40 with abdominal tenderness. And extracted metabolic control. Planned caesarean section for twin presentation.

A 4th day antibiotic treatment, persistent fever, and 89% neutrophils. On examination detected wound seroma, no anticoagulation lower cavography where filling defect right side, below renal veins, which corresponds to the arrival of the thrombosed vein is checked and transient Günther Tulip filter is implanted between said filling defect and subsequently performed inserting renal veins, checking correct positioning in subsequent control (Figure 2). Chest CT angiography in which discarded filling defect in pulmonary vascular tree is performed. It trascurrida one week laparotomy starts full dose LMWH. The filter is removed after 21 days without complications and treatment is initiated with warfarin. Test results thrombophilia are: prothrombin gene mutation, factor V Leiden, protein C and S, antithrombin III negative. Anicuerpos normal IgG and IgM antcardiolipina. 9 AntiB2Glicoproteína IgM, IgG AntiB2GP 35 lupus anticoagulant positive. A 2nd determination is performed 8 weeks later: 33 AntiB2GP IgM, IgG AntiB2GP 26 1/40 speckled pattern antinuclear antibodies, ENA negative, negative neutrophil cytoplasmic antibodies,

Figure 1: The structure of pyelocalyceal ectasia.
Conclusion

Due to the low incidence of TVO and its considerable morbidity and mortality, it is necessary a high clinical suspicion in cases with symptoms compatible to establish diagnosis, early treatment and establish comprehensive medical surveillance. We must examine this possibility more febrile postpartum abdominal pain and surgical procedures, infection or cancer in the pelvic area. The diagnostic technique of choice is MRI or abdominal computed tomography. The treatment of choice is based on LMWH with broad-spectrum antibiotics. Because described his recent association with acquired and inherited bleeding disorders should be performed thrombophilia testing and microbiological culture despite its apparent low profitability.

References