

PHLEGMASIA CERULEA DOLENS AS A RESULT OF A DOUBLE WHAMMY



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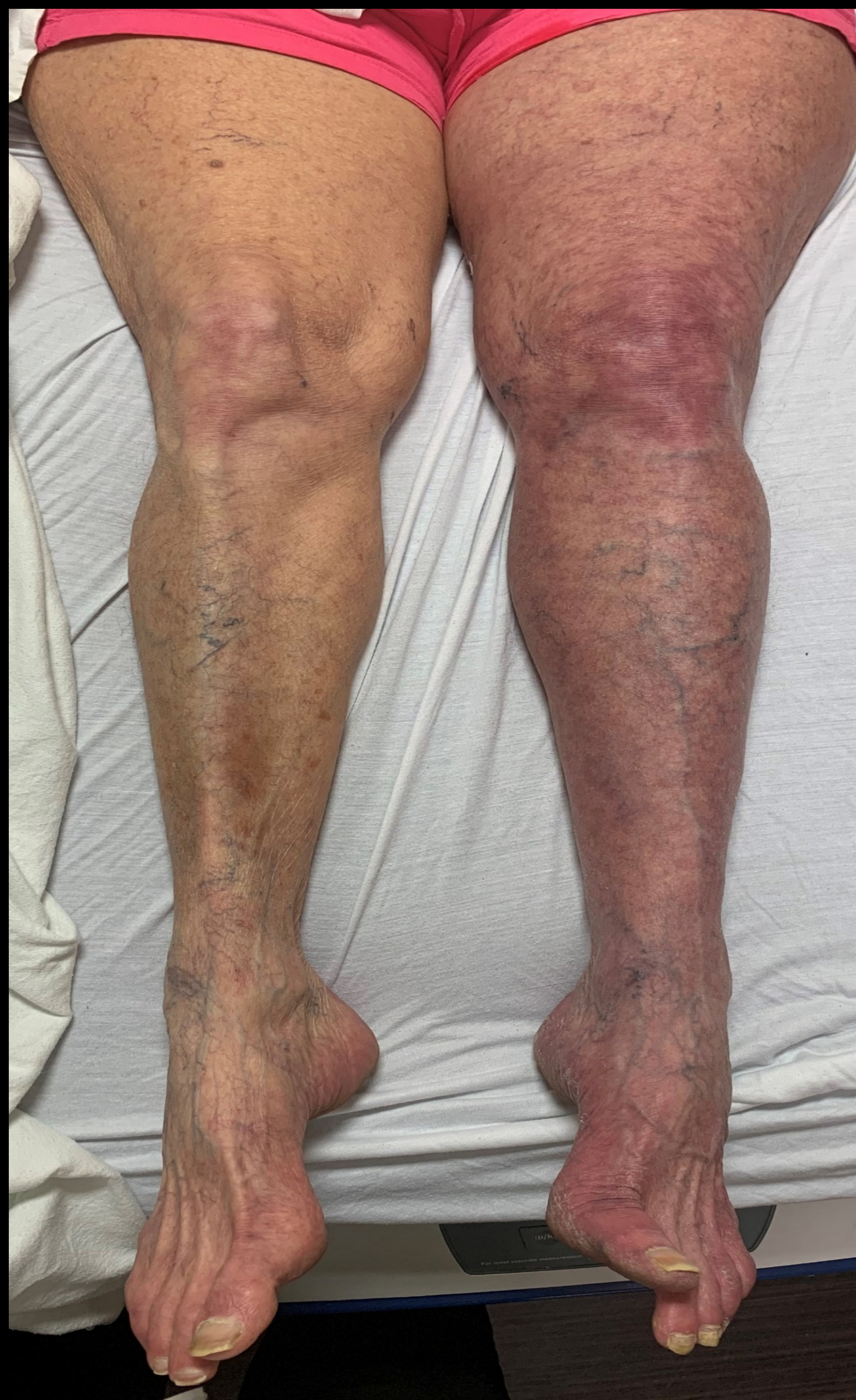
Introduction:

Phlegmasia cerulea dolens results from acute massive deep venous thrombosis (DVT) that causes an obstruction of the venous drainage of an extremity. Patients present with sudden severe pain, swelling, cyanosis, edema, venous gangrene, and compartment syndrome that impairs arterial supply, such that circulatory collapse and shock frequently ensue. Delay in treatment results in death or loss of limb.

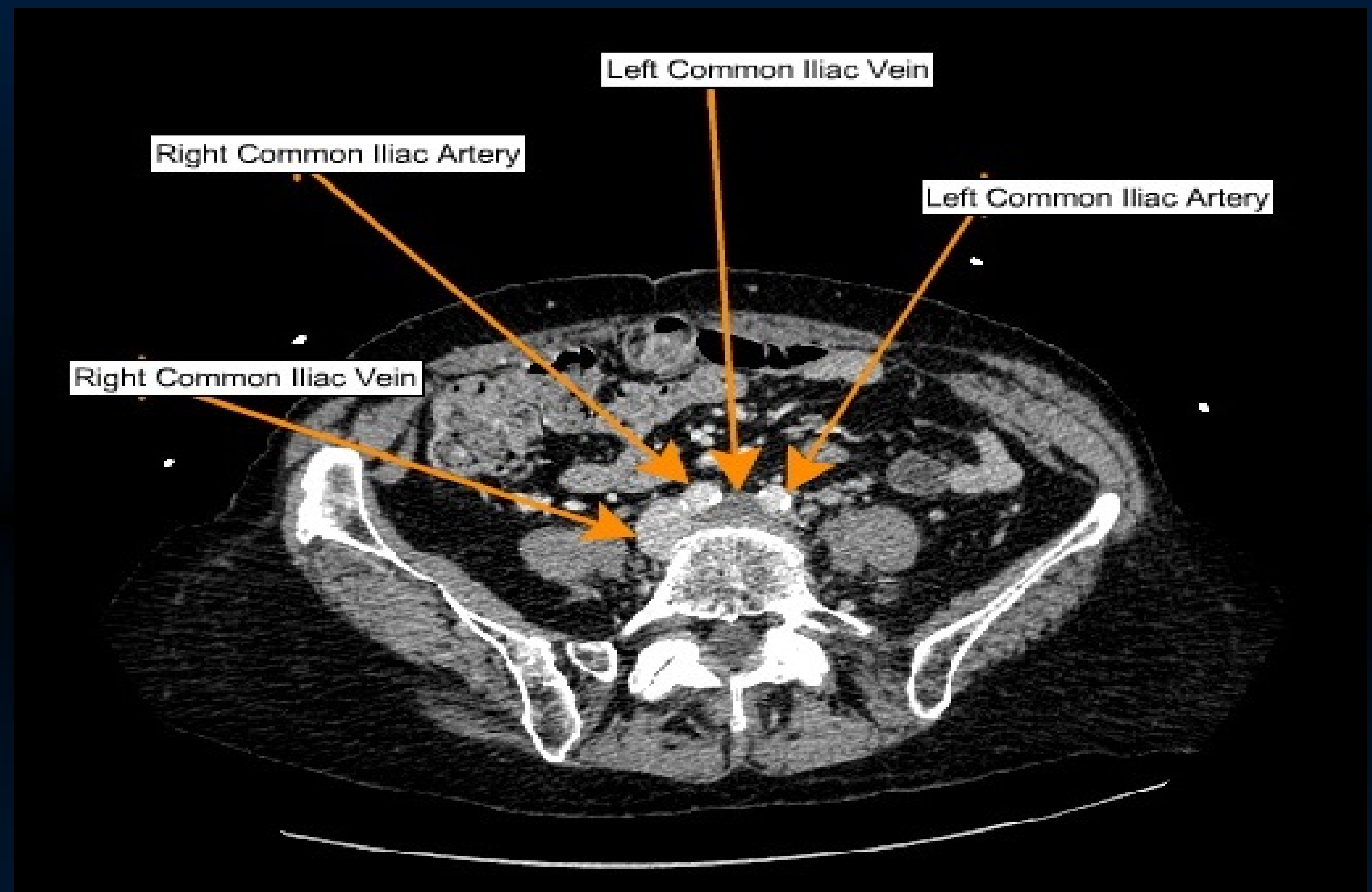
Case Presentation:

A 71-year-old lady with a past medical history of COPD, Hypertension, Hyperlipidemia, Anxiety presented to the emergency department with

- Swelling and redness of her left leg
- Blueish discolouration of her left foot.
- 50 pack-year smoking history.
- Physical examination: tachycardia and saturation of 95% on room air. Left Lower limb: erythematous and swollen without calf tenderness, toes were mildly cyanotic. Bilateral varicose veins present, peripheral pulses normal.



- Venous duplex showed in the left acute DVT involving left femoral, popliteal, great saphenous, posterior tibial and peroneal veins.
- CT pulmonary angiogram showed bilateral lower lobe pulmonary emboli and spiculated mass in the right upper lobe measuring 3.4 x 2.3 x 2.1 cm.



- **CT venography** of the abdomen and pelvis : Occlusive thrombi in the left common, internal, and external iliac veins, extending into the visualized left femoral vein and compression of the left common iliac vein origin by the right common iliac artery i.e. May-Thurner syndrome.
- The patient was promptly treated with Heparin in anticipation of catheter-directed thrombolysis. Although the patient refused to undergo thrombolysis; her symptoms improved with Heparin and she had an uneventful hospital course.

Discussion:

- Malignancy is the most common triggering factor and is present in approximately 20-40% The classic clinical presentation is that of a younger female in the second or third decade of life.
- This patient presented in the 8th decade of her life with PCD precipitated by underlying lung malignancy and aggravated by difficult anatomy. The mainstay of treatment of PCD is thrombolytic therapy, treatment is time-sensitive.

References:

1. Chinsakchai K, Ten Duis K, Moll FL, de Borst GJ. Trends in management of phlegmasia cerulea dolens. *Vasc Endovascular Surg.* 2011 Jan. 45 (1):5-14. [\[Medline\]](#).
2. Casey ET, Murad MH, Zumaeta-Garcia M, Elamin MB, Shi Q, Erwin PJ, et al. Treatment of acute iliofemoral deep vein thrombosis. *J Vasc Surg.* 2012 May. 55 (5):1463-73. [\[Medline\]](#).