

VARICES OF LOWER LIMBS AND THE DIAGNOSIS OF DEEP VENOUS THROMBOSIS: A CASE REPORT

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Abstract: A clinical case related to Deep Vein Thrombosis (DVT) will be analyzed, having as reference a patient from the Miguel Couto Municipal Hospital (HMMC) in the city of Rio de Janeiro. Patient with edema, hyperemia and pain in the right lower limb. It evolves with increased edema and hyperemia, associated with intense pain. Biochemical and imaging tests with Doppler ultrasonography of the lower limbs, in addition to D-dimer, resulted in a diagnosis of Superficial Venous Thrombosis (SVT) and differential diagnosis of DVT. The saphenectomy procedure and guidance for the use of compression stockings were performed in order to prevent the formation of new thrombi.

Keywords: Saphenectomy. Thrombosis. Varicose veins.

INTRODUCTION

Varicose veins are characterized by dilation and tortuosity of veins, which can be of small, medium or large caliber, being affected in the thighs, legs and feet. Veins are formed by valves that facilitate venous return to the heart, however, some factors can worsen this return, such as pregnancy, use of contraceptives, prolonged standing or sitting, in addition to hereditary tendencies. The most common symptoms are the increasingly visible presence of bluish and tortuous veins, in addition to a burning sensation, edema, itching, fatigue and paresthesia in the lower limbs. Regarding the most common complications of varicose veins, we can mention the formation of eczema, dermatitis, phlebitis and thrombosis.

Biochemical and imaging tests such as USG Doppler of veins and arteries of the lower limbs, in addition to other important tests in various situations such as D-dimer and other biomarkers, perfusion scintigraphy, electrocardiogram and ultrasound of the

lower limbs, used for the correct diagnosis and effective of the analyzed pathology.

Several diagnoses can be found, the most comprehensive being thrombolytic pathologies, which can be Superficial Vein Thrombosis (SVT) and Deep Vein Thrombosis (DVT), the first being a benign and self-limiting condition, which receives little attention both clinically and in research, being recognized as a risk for the development of deep thromboembolism. DVT, on the other hand, is characterized by an acute condition that causes partial or total obstruction of the lumen. For treatment, saphenectomy is used, in particular, combined with prophylactic treatment with elastic compression stockings and use of anticoagulation.

GOAL

The objective of this study was to present a case considered atypical, considering that it does not correspond to the epidemiological characteristics presented in the literature, in addition to a clinical picture with prolonged symptoms of pain, edema and hyperemia and a diagnosis of Superficial Vein Thrombosis (SVT) around 27 days from the patient's departure from the Emergency Care Unit (UPA) to the arrival at Miguel Couto Hospital, in Rio de Janeiro-RJ.

METHODOLOGY

Case study of a 61-year-old female patient, residing in Rio de Janeiro-RJ, with a history that in September 2020 she presented with acute edema, hyperemia and pain in the right lower limb, when she was admitted to the Emergency Unit. Care (UPA) near her residence, where she was initially treated, being medicated with the beta-lactam antibiotic cephalexin at a dose of 500mg every 6/6h, associated with the non-steroidal anti-inflammatory ketoprofen at a dose of 100mg every 12/12h, due to the physician

on duty suspects cellulitis in the right hip region.

Even with the medication, the symptoms did not cease, leading to the use of analgesic and anti-inflammatory medications without medical prescription. The region began to increase in edema and hyperemia, associated with intense pain, leading to the search for the emergency service of the Miguel Couto Municipal Hospital, where biochemical tests associated with the image by USG Doppler were performed, generating the diagnosis of Superficial Venous Thrombosis (SVT). and differential Deep Vein Thrombosis (DVT). The saphenectomy procedure was performed to prevent movement of the thrombus found.

After the surgical procedure and hospital discharge, the patient was instructed to wear elastic compression stockings, in addition to performing a new Doppler USG of arteries and veins of the lower limbs for reassessment. Oral anticoagulation was also prescribed for six months with the drug rivaroxaban, under the trade name of Xarelto, in order to avoid the formation of new episodes of thrombi, and return after six months of drug use for evaluation by the vascular surgeon.

RESULT

Patient with pain, edema and hyperemia in the lower limbs with progressive worsening of symptoms despite the medication used. Initially, cellulite was suspected. After progressive worsening, biochemical tests and Doppler ultrasound of the lower limbs were requested, in which an image suggestive of a thrombus was visualized, with a diagnosis of Superficial Vein Thrombosis (SVT) and a differential diagnosis of Deep Vein Thrombosis (DVT). The saphenectomy procedure was performed and the use of compression stockings was recommended in order to prevent the formation of new thrombi.

CONCLUSION

The case presented does not escape the characteristic of symptomatological variation of patients with Superficial Vein Thrombosis (SVT). The peculiarity concerns the acute, catastrophic clinical installation and unquestionable manifestations of sympathetic activity. The etiology of this pathology must be related to a connective tissue disorder associated with biological, psychological and environmental aspects.

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