



Extensive postpartum iliofemoral DVT mimicking neuroaxial complications: A case report

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Introduction

Venous Thromboembolism is the leading cause of maternal death in the UK, accounting for 16% of deaths during or up to 6 weeks post-partum [1], delays in diagnosis or treatment can lead to devastating consequences. We describe the case of a woman 4 weeks post elective Caesarean Section, presenting with features suggestive of spinal cord compression, who was subsequently diagnosed with a left iliofemoral thromboembolism, with extension into the infrarenal vena cava, with concomitant right lobar and segmental PEs.

Case Presentation

- ❖ 29 year old woman presented 4 and half weeks post elective Caesarean Section for her 1st baby.
- ❖ Past medical history included anaemia, gestational diabetes, obstetric cholestasis and pre-eclampsia.
- ❖ The elective Caesarean Section had been straightforward, performed under uneventful spinal anaesthesia.

Presenting Complaint:

- Low back pain radiating to left leg
- Progressive difficulty walking
 - 1 episode urinary incontinence
 - Left leg swelling

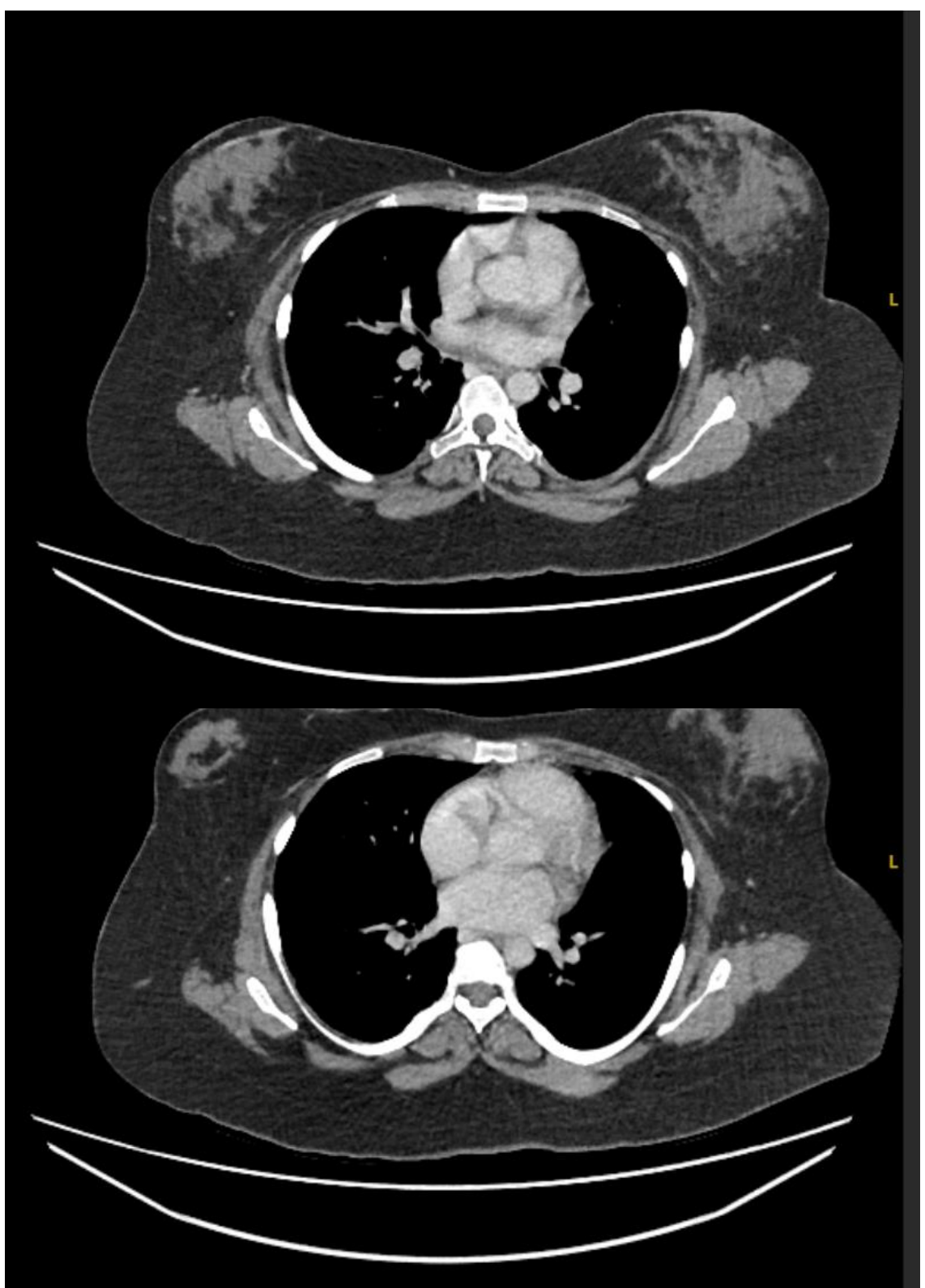
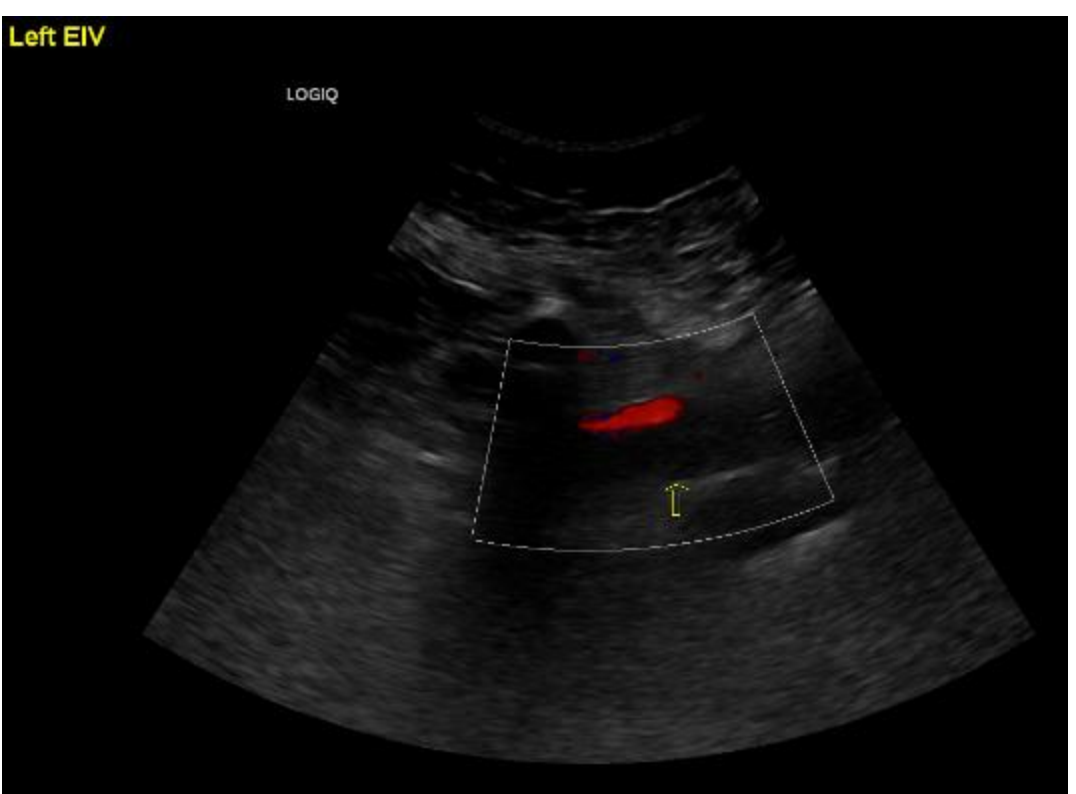
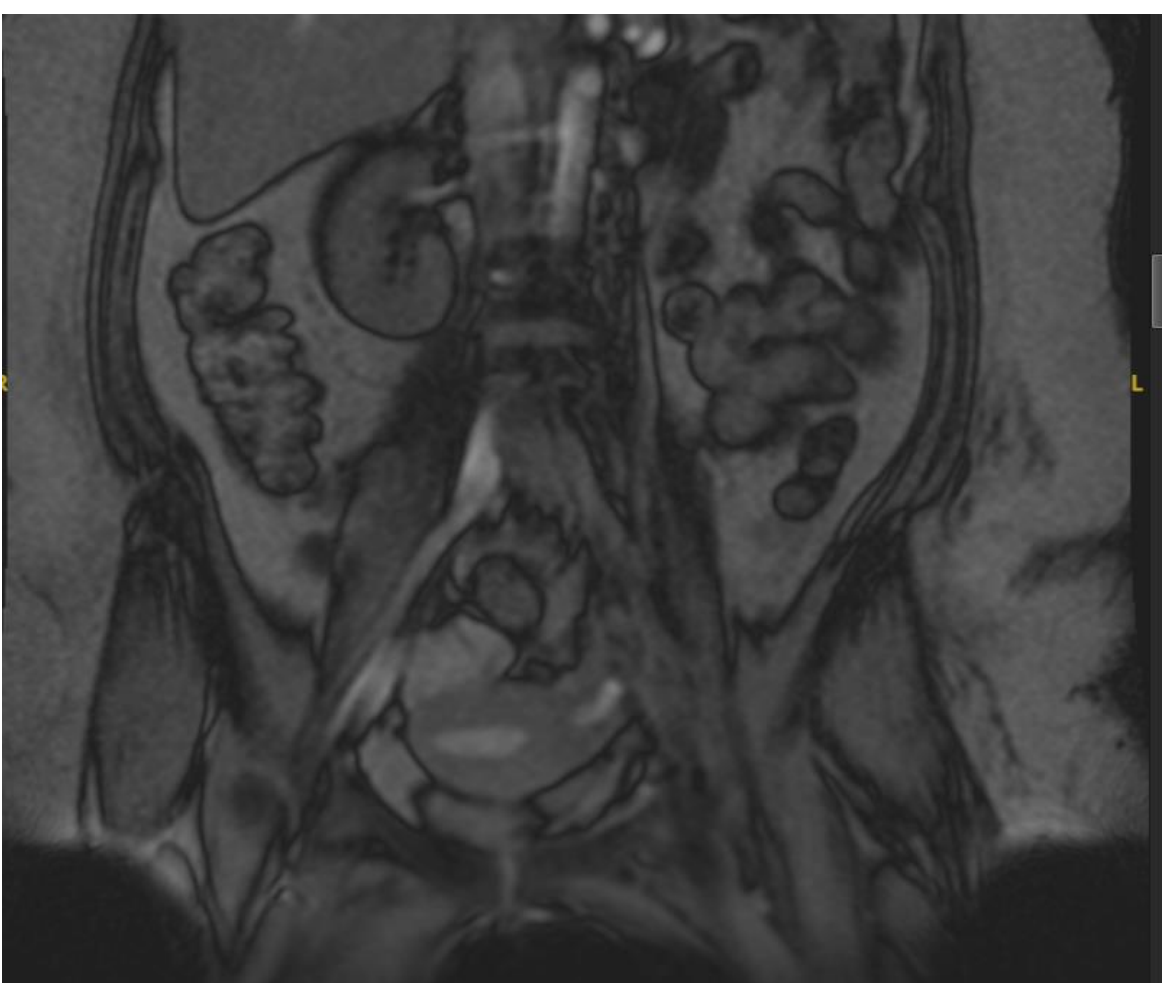
Examination Findings:

- Left leg swelling and redness
 - Power 3/5 (left leg)
- Reduced sensation to light touch (left leg)
- Saddle Anaesthesia
- Normal Anal tone
- L3/4 tenderness

🚨 Possible Cauda Equina due to spinal haematoma 🚨

Diagnosis

- ❖ She had presented to her GP on 4 occasions post-partum. Six days prior to presentation at ED, her GP had requested an US Doppler of the left leg which stated “Left leg DVT excluded”. Interestingly, this lady had had 2 previous negative left leg US dopplers at 7 months pregnant and 2 days post Caesarean due to left calf swelling and pain.
- ❖ The anaesthetic team were contacted because of the recent spinal anaesthesia and worsening neurological symptoms. Despite strong clinical suspicion of DVT, an MRI was requested. MRI demonstrated no spinal cord compression but raised suspicion of left common iliac vein thrombosis.
- ❖ Therapeutic anticoagulation was commenced and repeat ultrasound confirmed acute iliofemoral DVT.
- ❖ Subsequent CT venogram and CTPA identified thrombus extending into the inferior vena cava, and concomitant right lobar and segmental pulmonary emboli.
- ❖ There was an MDT meeting with obstetricians, anaesthetists, vascular surgeons and interventional radiologists to discuss treatment. Decision was for conservative management with treatment dose low molecular weight heparin and compression stockings.



Outcome

She was discharged after 8 days in hospital with follow up in the vascular clinic in 3 months and follow up in the haemostasis and thrombosis clinic. Until these appointments she was advised to continue treatment dose enoxaparin and use of compression stockings, as well as mobilising and remaining hydrated. Initial anti-cardiolipin antibody IgG was significantly raised at 40.6, we await the repeat test in 3 months.

Discussion

We have demonstrated how the presence of distracting neurological features delayed the diagnosis of life-threatening thrombus. Invasive methods of clot treatment; catheter directed thrombolysis, thrombectomy or placement of IVC filter to prevent PE were not appropriate as the age of the clot was undetermined [4]. Urinary continence and low back pain are common post partum [2]. This combination of symptoms delayed the initiation of therapeutic enoxaparin, though fortunately the MRI result justified repeating the US doppler. The presence of unilateral leg swelling maintained a high index of suspicion for venous clot leading to further imaging which was diagnostic. It was unfortunate this was not early enough to prevent embolisation of the clot. This reinforces the importance of maintaining suspicion when clinical concern persists to avoid potentially fatal delays in diagnosis and treatment.

References

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