

Ovarian vein Thrombosis (OVT): A Case Report

Dr. Aisha Nisar, Dr. Gyatri Ranjan
East and North Hertfordshire NHS Trust, Lister Hospital

Objective

OVT is a rare condition, usually in the postpartum period. A high index of suspicion is required for the prompt diagnosis and management to avoid catastrophic complications.

Case report

32 years old lady, para 3 and BMI of 25 was admitted with fever and abdominal pain 5 days post forceps delivery. She had fully dilated c-section for OP position in her first pregnancy, 2nd preterm delivery at 32 weeks. Her current pregnancy was uneventful and she underwent spontaneous labour at 39 weeks and required forceps delivery due to CTG concerns in 2nd stage. It was straightforward forceps delivery with EBL of 300ml. Her post-natal hospital stay was uneventful; she was low risk for VTE and was discharged same day. She was later readmitted on day 5th postnatal with severe right sided back pain radiating to the right abdomen. She had fever of 38 degrees and unable to walk due to pain. She was admitted under joint care of obstetric, medics and orthopaedic to explore cause of pain. CT Abdomen & Pelvis demonstrated thrombotic occlusion of right ovarian vein. MRI following day showed no evidence of cauda equina syndrome. She was commenced on IV antibiotics for 10days and treatment dose of dalteparin for 3 months. She was given post-natal follow up with Obstetric consultant in 6 weeks. Patient recovered well postnatally and her dalteparin was extended for 6 months with ongoing haematology follow up.

Discussion

Pregnancy is associated with a hypercoagulable state, venous stasis due to compression of the inferior vena cava by the uterus and endothelial trauma during delivery and from local inflammation (Virchow's triad). Patients with OVT typically present with lower abdomen or flank pain, fever and leukocytosis usually within the first ten days after delivery. OVT can also be associated with PID, gynecological malignancies, pelvic surgeries and other hypercoagulable states. Anticoagulation and antibiotics is the mainstay of treatment of OVT. Complications of OVT include sepsis, extension of the thrombus to the inferior vena cava and renal veins, and pulmonary embolism.

Conclusion

OVT is a rare condition most often seen in the immediate postpartum period. It has been reported in approximately 0.05–0.18% of vaginal births and in 2% of births by Caesarean section and in most cases the right ovarian vein is the one affected. Although a rare diagnosis, OVT can potentially cause fatal complications; therefore, early recognition and prompt treatment is important.