

A CASE REPORT ON POSTPARTUM OVARIAN VEIN THROMBOPHLEBITIS

Laeticia Ngozi Ezeilo MD¹; Joanna Johnston MRCOG²

Introduction

- Ovarian vein thrombophlebitis (OVT) is an uncommon, but potentially serious puerperal complication associated with maternal morbidity/mortality.
- It has been reported in approximately 0.05–0.18% of vaginal births and in 1-2% of births by Caesarean section.
- It is known to be associated with other conditions such as malignancy, pelvic inflammatory disease, inflammatory bowel disease, sepsis and recent pelvic or abdominal surgery.

Discussion

- OVT most commonly presents with an acute onset of lower abdominal/flank pain. This may be accompanied by pyrexia or a pelvic mass.
- This makes the condition difficult to diagnose because it mimics other common aetiologies such as endometritis, adnexal torsion, broad ligament hematoma and abscesses peculiar to the puerperal state, in addition to the usual causes of pain e.g. acute appendicitis, renal colic, pyelonephritis/urinary tract infection and inflammatory bowel disease.
- OVT is a rare and potentially serious puerperal complication. It may lead to life-threatening conditions, such as pulmonary embolism, sepsis, and even death.

Case Report

- A 29 year old woman para 1 presented 3 days following normal vaginal birth with a one day history of right pelvic pain, lower back pain and right leg weakness. She denied any nausea, vomiting, fever or urinary/bowel symptoms. She was a non-smoker with no personal or family history of thrombotic events.
- On examination, she was tachycardic with pulse rate of 113bpm, but other vital signs were normal. Tenderness was elicited on palpation of the right iliac fossa and right lower lumbar area. The uterus was well contracted. A positive psoas sign was demonstrated and reduced power on right hip flexion. Differential diagnoses of acute appendicitis, endometritis, ovarian cyst accident and an epidural complication were considered.
- Laboratory results showed haemoglobin 100g/L, white cell count $10.8 \times 10^9/\text{l}$, C-reactive protein 60.5mg/L and platelet of $249 \times 10^9/\text{l}$. The coagulation and metabolic profile were unremarkable. Urgent CT abdo-pelvis identified a dilated tortuous right ovarian vein with marked inflammatory reaction seen in adjacent fatty tissue with a contrast filling defect seen in the short non-dilated terminal segment of the vein before it entered the inferior vena cava which is suggestive of acute OVT. This diagnosis was unexpected and had not been initially considered.
- Analgesia was continued and broad spectrum antibiotics commenced. Upon haematology advice, SC low molecular weight heparin 1.5mg/kg OD for duration of 3 months and no further haematology follow-up was recommended. She was discharged after a few days at which point she was pain-free. Postnatal community midwifery review was uneventful.

Conclusion

- Due to the nonspecific presenting symptoms, clinical findings and laboratory investigations, one must have a high index of suspicion of OVT.
- It should be considered in the differential diagnosis in postpartum women with pelvic pain, pyrexia or unilateral abdominal mass (often right sided but may also be left or bilateral) after excluding other common conditions. Because of its potentially catastrophic complications, prompt recognition and treatment are crucial

References

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