

Deep vein thrombosis and pulmonary embolism

ANDREU FERNÁNDEZ-CODINA^{1,2}, ANDREA PLUMA-SANJURJO^{1,3}, KATHERYNE ROMERO-JALLER^{1,4}

¹Servicio de Urgencias, ²Unidad de Enfermedades Autoinmunes Sistémicas, Servicio de Medicina Interna,

³Servicio de Reumatología, ⁴Servicio de Nefrología, Hospital Universitari Vall d'Hebron, Universitat Autònoma de Barcelona, Barcelona, Spain.

A 75 year-old patient consulted the emergency department for dyspnea on moderate exertion during a week and pain in the left leg. She had no chest pain, palpitations and had not been subject to prolonged rest, but had 2 children with a history of venous thrombosis. On physical examination, she complained of pain in the right leg at rest, which showed swelling, edema and cyanosis, although peripheral pulses were preserved. The patient was hemodynamically stable, her tempera-

ture was 37.1°C and ambient air arterial oxygen saturation was 96%. Anticoagulation was administered with subcutaneous enoxaparin 80 mg/12 h. Chest computed tomography with contrast medium showed pulmonary thromboembolism (PTE) in the lower left lobe. Doppler ultrasonography confirmed deep vein thrombosis (DVT) of the left iliac and deep femoral veins. Subsequent etiological study was inconclusive, but secondary causes were ruled out.



Figure 1. (Left) Comparative image of both legs showing the difference in size between the left and right, and (right) cyanotic color of the affected limb due to impaired venous return, which can be better seen in the picture of the left foot.

CORRESPONDENCE: Andreu Fernández-Codina. Servicio de Medicina Interna. Unidad de Enfermedades Autoinmunes Sistémicas, Hospital Universitari de la Vall d'Hebron, Hospital General. Passeig de la Vall d'Hebron 119-129. 08035 Barcelona, Spain.

E-mail: Andreufernandez@hotmail.com

RECEIVED: 15-2-2012. **ACCEPTED:** 6-4-2012.

CONFLICT OF INTEREST: The authors declare no conflict of interest in relation with the present article.