

My case presentation is from an OB/GYN consult called by the emergency room for a patient with multiple DVT and one SVT in her left thigh.

My case presentation was on a 39 y/o F s/p nonspontaneous vaginal delivery ten days ago to a still-born at 33 weeks due to trisomy 18 with a PMH of migraines and sciatica presents with constant 6/10 left upper thigh pain starting this morning. Pt notes she felt a pop sensation in her thigh and subsequently felt pain radiating down her left leg and swelling. The patient also reported mild vaginal bleeding that is improving but is most likely from her vaginal delivery. Pt notes her pregnancy was uncomplicated.

The patient's physical exam consisted of left upper leg swelling, tenderness, and erythema extending to her left knee, calf, and foot. Her right leg was non-tender, nonedematous, and non erythematous. The patient's lung, heart, and abdominal exams were normal except for a firm uterus, likely due to giving birth ten days ago. Pt declined a vaginal exam.

The left lower extremity showed multiple DVTs on ultrasound, including the distal external iliac vein, common femoral vein, deep femoral vein, femoral vein (proximal mid and distal thigh segments), and popliteal vein. The distal deep veins showed occlusive acute distal deep vein thrombosis involving the peroneal vein. The great saphenous vein shows acute occlusive superficial thrombophlebitis extending to the saphenofemoral junction. The neuro consult team thinks she may have May Thurners Syndrome.

Article Summary:

This article is titled May Turner Syndrome: History of Understand and Need for Definiding Population Prevalence. The review article defines May-Thurner syndrome as a patient with an elevated risk of developing an extensive left iliofemoral DVT. This may occur due to an anatomic variant where the right common iliac artery compresses the left common iliac vein against the lumbar spine. The article's primary goal is to increase awareness of May Thurner syndrome due to its prevalence, which may be due to our advancing technology. Regarding my patient, the article mentions the risk factor of pregnancy and the postpartum period increasing DVT chances.