Left ovarian and renal vein thrombosis after emergency postpartum hysterectomy

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DESCRIPTION

Both pregnancy and the postpartum period are times characterised by hypercoagulability.

One rare postpartum venous thromboembolic condition is ovarian vein thrombosis, occurring in 0.05–0.2% of all pregnancies.1 The right side is mostly affected, accounting for 80–90% of all cases. Ovarian vein thrombosis mainly presents with abdominal pain and fever. The differential diagnosis includes pelvic septic thrombophlebitis, adnexal torsion and renal obstruction.2 The early diagnosis is imperative to avoid the morbidity and mortality associated with ovarian vein thrombosis.3

We report a case of a 38-year-old woman who presented with severe postpartum vaginal haemorrhage due to uterine atony after the uneventful vaginal delivery of a healthy female infant. A total postpartum hysterectomy with conservation of adnexa was performed.

Twelve days after delivery, the patient presented to the emergency department, with severe lower back pain. She had neither fever nor abdominal pain. Diagnosis of left ovarian and renal vein thrombosis was made after carrying out an abdominal CT (figures 1–3), and treatment with low-molecular-weight heparin (LMWH) was started. After 72 hours, the patient was switched from LMWH to oral anticoagulant treatment. Within 6 days, she was completely asymptomatic and discharged from hospital. After 6 months, a complete recanalisation was demonstrated by abdominal CT (figures 4 and 5).

This is a report of a rare case of postpartum left ovarian and renal vein thrombosis with an unusual presentation. Symptoms of persistent back pain after delivery should lead to the exclusion of this rare condition.

Figure 1 Abdominopelvic CT scan: left renal vein thrombosis (white arrow/transverse plane).

Figure 2 Abdominopelvic CT scan: left ovarian vein thrombosis (white arrow/transverse plane).

Figure 3 Abdominopelvic CT scan: left ovarian and renal vein thrombosis (white arrows/coronal plane).

Figure 4 Abdominopelvic CT scan: left renal vein after recanalisation (transverse plane).
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Contributors  NAB and MMT followed up the patient in the outpatient clinic. MMT, MF and AP evaluated the patient. NAB collected the data and wrote the manuscript. All the authors were involved in the conception of the work and revised it critically for important intellectual content as well. All authors approved the final version to be submitted/published.

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REFERENCES

Learning points
▸ Postpartum ovarian and renal vein thrombosis can present solely with lower back pain.
▸ Modern imaging methods, such as CT, are crucial in the diagnosis and follow-up of this condition.
▸ Low-molecular-weight heparin and oral anticoagulants appear to be components of a rapid and effective treatment.

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