# 8/14/26 Morning Report with @CPSolvers

*"One life, so many dreams"* ***Case Presenter***: *Eyron(@)* ***Case Discussants***: *Rabih(@) & Magnus(@)*

*https://clinicalproblemsolving.com/present-a-case/*

Scribing (Lukas):
**CC**: 60 yo female p/w left leg pain for 1 day in the ED
**HPI**: reports acute onset of acute left leg pain and swelling since last night. No known trigger. She noticed ankle swelling prior to presentation, later the whole leg became swollen. Diffuse pain noted. 8/10 in severity. Pain dull in nature. No modifying factors.
Took colchicine this morning. Denies traumatic injuries. No associated numbness or tingling of the leg.

**ROS** (-): CP, SOB, fevers, abdominal pain, nausea, vomiting

**PMH**:
Lupus arthritis
Cholecystectomy

**Meds**:
Carvedilol
Losartan
Colchicine

**Fam Hx**:
-

**Social Hx:**
No travel
No immobilization

**Health-Related Behaviors:**

**Allergies**:

**Vitals: T**: 36,7°C **HR**: 96/min **BP**: 166/94 **RR**: 18 **Sat**: 97% on RA
**Exam: Gen**: awake alert, no distress
**MSK**: diffuse swelling of the left lower extremity, 2+ pitting of the left lower extremity, slight bluish discoloration of the left leg. Full ROM of the hip, knee, ankle, no tenderness.
DP pulses palpable and equal bilaterally. Compartments soft.
**Skin**: no wounds, warm, dry, no rashes or lesions, no jaundice, no petechiae or purpura. No ecchymosis.

**Notable Labs & Imaging**:
**Hematology**: WBC: nl Hgb: 10,4 HK: 32,3 Plt: 216
Rest unremarkable
**Coags**: PT 12,8 INR: 1 aPTT: 29,4 D-dimer: > 20 (< 0,5 normal)

**US**: Acute occlusive DVT of the left external iliac vein, common femoral vein, profunda femoral vein, femoral vein, popliteal vein, gastrocnemius vein and sole vein. Acute superficial venous thrombosis of the left mid short saphenous vein. The great saphenous vein in the left lower extremity appears to be normal. There is no acute superficial or deep venous thrombosis in the right lower extremity.

**IR-consult**: thrombectomy of clot ranging from left common iliac vein to the left popliteal vein and stent placement successful with residual high grade stenosis in the left common iliac vein related to May-Thurner-Syndrome

**Workup**: Lupus confirmed, no APLS ; Endometrial adenocarcinoma Dx later

**CT A/P**: negative

**Dx**: Extensive DVT due to May-Thurner-Syndrome

**Problem Representation**: A 60-year 5 old woman with SLE presents with acute severe left lower-extremity pain, massive swelling and cyanotic discoloration, with ultrasound-confirmed extensive acute iliofemoral DVT, concerning for phlegmasia cerulea dolens

**Teaching Points (Ramaswamy)**

**Leg pain** - Skin; muscles, vessels, nerves, bones; H/ preceding trauma most common.
- Assess associated symptoms to localize - ischemia vs nerve damage
*- Tool to assess acute limb pain to r/o limb ischemia - Doppler (esp. When pulse exam is unreliable)*
-Swelling associated with leg pain - r/o DVT vs cellulitis vs nec fasc.
-Diffuse swelling - transudate vs exudate
*-r/o venous stasis - time course can decide this. Pain is also unlikely; swelling also not noted above knee; tree trunk below the knee, (N) above knee*
*- localization - R vs L leg -> IVC -> iliac vein (pinched by iliac artery) on the L -> increased pressure in L>R -> in HF asymmetry is explained by this compression not DVT. This compression can also cause thrombosis more commonly in L>R.*
- Sudden sinister disease unlikely -> expect prior past h/o or worsening of underlying condition
*- Venous ischemia -> elevated venous pressure -> capillary flow is affected ( seen in congestive nephropathy) ; ischemia of foot despite good arterial flow -> capillary ischemia (Raynaud) from isolated microvascular issue ( either primary capillary issue or secondary to elevated venous pressure from thrombosis - Phlegmasia cerulea dolens)*
- Rx DVT -> anticoagulation; Heparin -> prevents clot propagation and allows body to break down the clot. In cases where body unable to break down the clot -> *clot "busting"* medicine -> thrombolysis/ thrombectomy.
*- U/L lower extremity involvement -> compressive [strategic; May Thurner (young patients with OCPs), retroperitoneal mass] >> systemic issue ( expect more systemic signal than U/L and focal extremity involvement)*
- Malignancy -> space; secreting substances; thus presentation as a disproportionate paraneoplasia like unprovoked DVT.
- Dermatomyositis -> 2 years -> Cancer