LEFT INTERNAL JUGULAR AND SUBCLAVIAN VEIN THROMBOSIS-RARE CAUSE MANIFESTATION

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PATIENT HISTORY

-36 YEAR OLD WOMAN

-FROM RURAL ENVIRONMENT

-NO WORKPLACE, HOUSEWIFE

-2 PREGNANCIES, NO MISCARRIAGES

-CHRONIC AUTOIMMUNE HASHIMOTO'S THYROIDITIS (2012) ON SUBSTITUTIVE MEDICATION WITH 200 MICROGR OF L-THYROXIN DAILY

-ONE EPISODE OF POLISEROSITIS (PLEURAL EFFUSION, PERICARDITIS, ASCITES) DECEMBER 2012

-ELEVATED DS ANTI-DNA ANTIBODIES (66.7 UI/ML) ON ONE OCCASION

CURRENT DISEASE HISTORY

−PATIENT ACCUSES PAIN, RASH AND LOCAL INFLAMMATION AT SUPRACLAVICULAR LEVEL ON THE LEFT SIDE BEGINNING 5 DAYS PRIOR TO ADMITTANCE

-PATIENT IS SEEN AT THE LOCAL HOSPITAL, WHERE THE LEFT INTERNAL JUGULAR AND SUBCLAVIAN VEIN THROMBOSIS IS CONFIRMED BY ULTRASOUND

-PATIENT IS REFERRED TO OUR CLINIC, IN ORDER TO CLARIFY THE ETIOLOGY

LOCAL EXAMINATION

- RASH AND SLIGHT INFLAMMATION AT SUPRACLAVICULAR LEVEL ON THE LEFT SIDE
- ENLARGED LATERO-THORACIC LYMPH NODES ON BOTH SIDES
- NORMAL LUNG AND HEART SOUNDS ON AUSCULTATION
- HR: 85 BPM, BP: 90/60 MMHG
- PAIN UPON PALPATION IN THE EPIGASTRIUM AND LEFT HYPOCHONDRIUM

BLOOD TESTS

WBC:18.600/ML ↑-19.800/ML ↑

HGB:12,3 G/DL;13,7G/DL, HCT:39,6%;43,7%, MCV:98,3;98,6 FL ↑

PLT:594.000/ML↑;512.000/ML ↑

LYM:4.800/ML ↑;6.900/ML ↑

NEUT:12.800/ML ↑;11.600/ML ↑

CREA:0,81 MG/DL;0,61 MG/DL

UREA:20 MG/DL;21,4 MG/DL

GOT(AST):34 U/L ↑, GPT(ALT):14 U/L

BT: 0,28 MG/DL, AMYLASE: 66 U/L, LDH: 437 U/L,

NA: 138 MMOL/L;139 MMOL/L, K: 4,08 MMOL/L;4,3 MMOL/L

CORTISOL: 6,5 MG/DL↑, TSH: 4,87 MUI/ML ↑, FT4: 0,952 NG/DL↓

CA: 2,37 MMOL/L ↑

INR: 0,91;1,26;2,063,41;3,36

ESR: 18 MM/H↑

AUTOIMMUNE PARAMETERS

ANA: 6,4 U/ML

DS ANTI-DNA ANTIBODIES: 1,9 U/ML

ANTI CENTROMER B ANTIBODIES: 3,6 U/ML

ANTI PROTEINASE 3(C-ANCA) IG G ANTIBODIES: 0,093 U/ML

C4 COMPLEMENT: 0,23 G/L

ANTI CARDIOLIPIN IG G ANTIBODIES: 7,6 U/ML

ANTI CARDIOLIPIN IG M ANTIBODIES 0,424 U/ML

OTHER TESTS

ECG–SINUS RHYTHM, HR: 87 BPM, NO PATHOLOGICAL FINDINGS

URINALYSIS:

–UPON ADMITTANCE: 25 LEUCOCYTES, 500 PROTEINS

24 H URINARY PROTEINS: 200 MG/DL

IMAGING

- THORACIC RADIOSCOPY: LEFT PLEURO-DIAPHRAGMATIC AND COSTO-DIAPHRAGMATIC SINUS SYMPHYSIS, RIGHT PLEURO-DIAPHRAGMATIC SYMPHYSIS
- CAROTID AND JUGULAR ULTRASOUND: NO ATHEROMATOSIS, INTRALUMINAL CLOTS IN THE LEFT INTERNAL JUGULAR AND LEFT SUBCLAVIAN VEINS→THROMBOSIS
- ABDOMINAL ULTRASOUND: MINIMAL FLUID IN BOTH PLEURAL CAVITIES
- HEAD CT SCAN: NO CEREBRAL LESIONS
- NECK AND THORAX ANGIO-CT SCAN: CONFIRMS THROMBOSIS WITHOUT REVEALING ANY DIRECT COMPRESSIVE CAUSE, MINIMAL BILATERAL PLEURAL EFFUSION

IMAGING (2)

ECHOCARDIOGRAPHY: ALL PARAMETERS IN RANGE

THYROID ULTRASOUND: RIGHT LOBE 2,04X2,2X5,24 CM, ISTHMUS 0,5X2,48 CM, LEFT LOBE 1,73X2,04X3,5 CM, IN THE UPPER 2/3 CAN BE SEEN A 1,2X0,86X1,25 CM LESION, WITH PERIPHERAL HALO, VASCULAR DOPPLER SIGNAL IS PRESENT IN THE LESION AND THE PERIPHERY.

OTHER EXAMINATIONS

ENDOCRINOLOGY CONSULT: MIDDLE-VOLUME GOITER, CHRONIC AUTOIMMUNE THYROIDITIS, HYPOTHYROIDISM WITH HIGH DEMAND OF LT4. RECOMMENDS THE SAME CURRENT TREATMENT (200 MICROG OF L-THYROXIN), PLUS 100 MICROG OF SELENIUM 6 MONTHS

RHEUMATOLOGY CONSULT: UNDIFERENTIATED COLLAGENOSIS, SLE IN OBSERVATION. RECOMMENDS PREDNISONE 30 MG DAILY (DECREASING THE DOSE WITH ¼ OF A TABLET EVERY 10 DAYS UNTIL REACHING 7,5 MG DAILY) , OMEPRAZOLE 40 MG DAILY, ALPHA D3 1 MICROG DAILY. RE-EXAMINATION AFTER DS ANTI-DNA, ANTI-SM, ANTI-SS A, ANTI-SS B ANTIBODIES RESULTS.

OTHER EXAMINATIONS (2)

UPPER DIGESTIVE ENDOSCOPY: NO LESIONS

HEMATOLOGY CONSULT: ESSENTIAL OR REACTIVE THROMBOCYTOSIS, RECOMMENDS ANTIPLATELET THERAPY ALONG THE ANTICOAGULANT

OPHTHALMOLOGY CONSULT: NORMAL FINDINGS

EVOLUTION OF THE CASE

- TOTAL RECANALISATION OF THE LEFT SUBCLAVIAN VEIN AND PARTIAL RECANALISATION (>80%) OF THE LEFT INTERNAL JUGULAR VEIN IN THE COURSE OF ONE YEAR-ACHIEVED BY ANTICOAGULANT TREATMENT WITH ACENOCOUMAROL (SINTROM) WITH MONTHLY CHECK OF INR IN ORDER TO BE KEPT BETWEEN 2-3.

-REMISION OF THE THROMBOCYTOSIS IN THE COURSE OF 6 MONTHS

-DECREASING OF PREDNISONE DOSAGE UNTIL COMPLETE STOP

-DECREASING OF L-THYROXIN DOSAGE TO 125 MICROGR DAILY

-OVERALL THE PATIENT'S EVOLUTION WAS SATISFACTORY, AND SHE REMAINED UNDER ENDOCRINOLOGY AND INTERNAL MEDICINE (RHEUMATOLOGY) SUPERVISION

EVOLUTION OF THE CASE (2)

ANA: 25,6 U/ML

DS-ANTI DNA ATB: 6.3 U/ML

ANTI SS-A ATB: 3,72/2,96 U/ML

ANTI SS-B ATB: 5,96/3,36 U/ML

ANTI-SM ATB: 3 U/ML

ANTIPHOSPHOLIPID SYNDROME PANEL-NEGATIVE

ANTI-TPO ATB: >1000 U/ML

CRP: NEGATIVE

ESR: 3/4 MM/H

PROTEIN C, PROTEIN S, MTHFR C677T AND A1298C MUTATION- NEGATIVE

EVOLUTION OF THE CASE (3)

-AFTER 2 YEARS THE PATIENT DEVELOPED PRURITIC LESIONS ON HER SOLES, WHICH WERE LATER CONFIRMED BY THE RHEUMATOLOGY SPECIALIST AS CUTANEOUS PSORIASIS

LITERATURE REVIEW

-55 Y.O. WOMAN WITH INVASIVE FIBROUS THYROIDITIS WHICH LED TO RIGHT INTERNAL JUGULAR VEIN THROMBOSIS AND LATER EVOLVED TO THE RIGHT SIGMOID, TRANSVERSE AND SAGITTAL SINUSES (VAIDYA B, COULTHARD A, BURN DJ ET AL, THYROID, 1998)

-30 Y.O WOMAN WITH SUBACUTE DE QUERVAIN THYROIDITIS WHO DEVELOPED BILATERAL SUBCLAVIAN AND AXILLARY VEIN THROMBOSIS; HAD RECEIVED MANTLE FIELD IRRADIATION AND POLYCHEMOTHERAPY FOR HODGKIN'S LYMPHOMA 8 Y. EARLIER

(BARRERA P, VAN DAAL WA, STRIJK SP ET AL, NETH J MED, 1990)

-NO CASE REPORTS ABOUT INT JUG AND/OR SUBCL VEIN THROMBOSIS IN PSORIASIS

CONCLUSIONS

-SLE AND ANTI-PHOSPHOLIPID SYNDROME NOT CONFIRMED (REPEATEDLY NEGATIVE ANTIBODIES), AS WELL AS TROMBOPHILIA

-PARANEOPLASTIC CAUSE NOT CONFIRMED

-DVT IN THE CONTEXT OF AUTOIMMUNE THYROIDITIS AND PSORIASIS THE ONLY EXPLANATION WE FOUND

THANK YOU FOR YOUR ATTENTION!

ANY OTHER QUESTIONS? ALWINA.STAN@GMAIL.COM