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### **The significance of the anamnesis in primary care regarding a deep vein thrombosis in a 24 old girl**

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Making a diagnosis of deep vein thrombosis (DVT) requires both clinical assessment and objective testing because the clinical features predict DVT like-hood but are still unspecific, and on the other hand investigations mostly ultrasound a dimer-D lab test, can be either falsely positive or negative. In our case a 24 years old woman came to our consult at the emergency consults area, she had a constant pain on her right leg that had appear suddenly 12 hours before and kept in constant ascent. She had no traumatism on the area, no fever, and no clinical background: neither surgery, she was taking oral contraceptives daily since she was 20. She also told that she had been visited by her GP doctor hours before and that have given no importance to the clinic and prescribed paracetamol which had not helped with the pain. I explored the patient I saw redness on her right tight, also high temperature respect to the other low extremity, the femoral pulses were symmetric but the pedis right pulse was weak, the right foot area was coloured blue. Based on the anamnesis and physical exam I first thought of DVT and isquemia, she had 6 points on the wells score, high risk. Blood lab test including Dimer-D were run and also an ultrasound which was positive for DVT. She was treated with sodic enoxaparin. In conclusion, this patient was treated by two doctors, the first didn't do an exhaustive anamnesis and so did not get to the accurate diagnosis which supposed a risk to the patient. Luckily she was after visited by a second doctor and based on an anamnesis reached to a diagnostic suspicion that was confirmed with tests and the patient is recovering OK, therefore the importance of the anamnesis and physical exploration.