

## PS1.244

### Deep vein thrombosis detected in primary care

*C Tusa(1), Violeta Rodriguez(1), JA Cuenca(2), A Tomas(1), N Rivera(1), A Santamaria(3), G Amodeo(4), P Berenguel(5)*

*(1) Resident of 3rd year in Family Medicine, Hospital de Poniente, El Ejido, Spain*

*(2) Resident of 5th year, Internal Medicine, Hospital de Poniente, El Ejido, Spain*

*(3) Resident of 4th year in Family Medicine, Hospital de Poniente, El Ejido, Spain*

*(4) Resident of 2nd year in Family Medicine, Distretto Sanitario 6, Palermo, Italy*

*(5) Family doctor, Emergency department, Hospital de Poniente, El Ejido, Spain*

*Corresponding author: Mrs Violeta Rodriguez, Hospital Poniente, Emergency, El Ejido, Almeria, Spain. E-mail: viorodriguez@gmail.com*

Context: 46 year old woman with no relevant medical history or active medication except oral contraceptives, which came to our primary care clinic with symptoms of a few hours of itching, pain and edema in left lower limb.

**Methods:** Examining the patient: good overall condition, mild pale skin and mucous membranes, hemodynamically stable.

Lower limbs swollen of the entire left lower extremity, hard, pained, positive Homans sign. Wells Score: 4.

Having a high suspicion of DVT, we derive the patient to the emergency room for evaluation and complementary studies as may be lower limb doppler ultrasound and laboratory tests.

**Results:** In the emergency room the following examinations and additional tests were performed.

- analytical Values of note:
- D-dimer: negative (<500 mcg / L)
- Ekg: Sinus rhythm at 80 beats per minute, with no signs of ischemia or hypertrophy.
- Conventional X-ray chest film: unchanged.

Even with negative D Dimer, guided by a very suggestive physical examination (Wells Criteria > 3), it was decided to ask Ecocolor Doppler lower limb, which resulted in a deep vein thrombosis in the left popliteal vein. As oral contraceptive treatment was suspended and added 120 mg subcutaneous enoxaparin daily to meet in hematology.

**Conclusions:** It is important to consider that negative D dimer not always excludes deep venous thrombosis because what is really vital to any doctor, either in primary care or not, is the clinic patient.