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Lower leg pain

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Background & Aim: A 37-year-old man was referred to the Emergency room following a radiofrequency heart ablation procedure 5 days before the consultation. He reports that he has had pain, swelling and tenderness in his right groin and thigh since being discharged from the hospital and that these symptoms limit his ability to ambulate and that have worsened in last 24 hours reaching up his calf. He also reports difficulty getting in and out of bed.

Clinical Examination: Blood pressure: 108/72 mmHg. Well looking patient. Lower limbs: Haematoma in right groin area, swollen right thigh and calf perimeter, painful on palpation. Popliteal and dorsalis pedis right pulses are reduced. Homman's sign negative.

Method: Blood analysis: Glucose 126 mg/dl. Urea 38 mg/dl, Creatinine 1.02, K 3.8 mg/dl, Na 141 mg/dl, PCR 3.4 mg/dl. Haemoglobin 13.5 g/dl, haematocrit 39.2%, Leucocytes 13.86 x10⁹/L, Neutrophils 8.90 x10⁹/L, Platelets 109000, PTT: 1.2, PT 1.0, Dimer-D: 82074.

Thorax X-Ray: Normal.

Venous right lower limb duplex-echography: Third distal external iliac vein, common femoral vein, proffund femoris and superficial femoris vein thrombosis with extension to infra-popliteal veins.

Results: Diagnosis: Right limb deep vein thrombosis.

Differential diagnosis: Post-thrombotic syndrome, superficial phlebitis and superficial thrombophlebitis, acute limb ischaemia cellulitis, compartment syndrome, tendon and muscle injuries.

Conclusions: DVT (deep vein thrombosis) results from the interplay of three processes: venous stasis, hypercoagulability and changes to the blood vessel wall. DVT most commonly appears in the lower extremity affecting veins in the calf or thigh. DVT classically produces pain and limb oedema, but this is entirely nonspecific. The accurate diagnosis of DVT is an important topic in current clinical practice. A clinical evaluation alone is considered unreliable for the diagnosis of DVT, but it can be useful in conjunction with more accurate and specific diagnostic procedures, such as ultrasonography.