Selected Topic
General Surgery- Deep Vein Thrombosis

Title
Stress Thrombosis - A case of spontaneous DVT of upper extremity

Background introducing the topic and the problem(s) being addressed
Primary spontaneous upper extremity deep vein thrombosis is rare with an estimated annual incidence of 1 to 2 cases per 100,000 population. The majority of cases are secondary and related to central venous cannulation (eg, central line, pacemaker) or prothrombotic states. On the offset of COVID-19 pandemic such cases could become a common entity.

Case Report
An elderly diabetic and hypertensive female patient presented with a history of acute onset swelling, heaviness, tingling and numbness of left upper limb since 1 week. Examination revealed, diffuse swelling of left upper limb extending to neck with small dilated veins in left upper chest. A provisional diagnosis of left upper limb DVT was made based on Constants criteria and was confirmed on Duplex scanning.
The patient was started on LMWH for anticoagulation. Evaluation for occult cancers was unremarkable. Patient showed symptomatic improvement and recanalisation of thrombosed veins was noted on repeat duplex scan.

Brief discussion and/or conclusion
Upper extremity DVT (UEDVT) , once a rare entity, can be seldom thought of, due to widespread interventions and ongoing COVID-19 pandemic. Focus on evaluation of occult malignancy rather for hypercoagulable states which do not change the management. This case report highlights the importance of early recognition of UEDVT and stresses on the evidence that no added benefit is achieved by performing expensive tests to rule out prothrombotic states. Early diagnosis based on Constants criteria and anticoagulation would save time and prevent grave complications.