

Deep Femoral Venous Thrombosis After Surgery for Crohn's Disease: Letter to the Editor

Crohn Hastalığına Bağlı Cerrahi Geçiren Bir Hastada Gelişen Derin Femoral Ven Trombozu

Erdem KOÇAK,^a
Başak ÇAKAL,^a
Seyfettin KÖKLÜ^a

^aDepartment of Gastroenterology,
Ankara Training and Research Hospital,
Ankara

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Yazışma Adresi/Correspondence:
Erdem KOÇAK
Ankara Training and Research Hospital,
Department of Gastroenterology,
Ankara,
TÜRKİYE/TURKEY
kocak67@hotmail.com

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Crohn's disease (CD) is a disorder that is characterized by transmural inflammation and may involve any part of the gastrointestinal tract. Surgery is usually reserved for patients with CD in whom a complication develops or who have symptoms refractory to medical therapy.^{1,2} Patients with inflammatory bowel disease have an increased risk for macrovascular thrombosis. Herein we present a case of deep femoral venous thrombosis in patient with CD after surgery for ileal perforation.

A 38-year old female patient was admitted to our hospital with complaints of left leg pain and swelling for two days. Detailed history revealed that four weeks earlier she had had ileal resection for multiple ileal perforation due to CD and low dose heparin was administered during post-operative period. In addition she had been treated with mesalamine 3 g/day and azothiopurine 100 mg/day for four weeks. Initial physical examination was revealed swelling of left legs with a positive Homan's sign. Laboratory tests showed neutrophilic leucocytosis with a normal coagulation profile. A Doppler ultrasonography confirmed thrombosis of the left femoral vein. Thereafter the patient was diagnosed as deep femoral venous thrombosis and anticoagulated simultaneously with unfractionated heparin and warfarin sulfate. On the following days the swelling of the left legs was gradually subsided over 5 days and she was discharged from hospital and was continued on warfarin for 6 months.

Interaction between thrombosis and inflammation is increasingly recognized. Patients with inflammatory bowel disease (IBD) have a threefold increased risk of developing an increased risk of deep venous thrombosis (DVT) and pulmonary embolism. A thromboembolic event in inflammatory bowel disease is important because it occurs in a young population and has a high mortality.

The present case has no risk factors for thrombosis including obesity, older age, smoking, family history of deep vein thrombosis or pulmonary

embolism, use of birth control pills or hormone replacement therapy, heart failure and cancer. After surgery for IBD low dose heparin should be used prophylactically. Prophylaxis is ideally started either before or shortly after surgery and continued at least until the patient is fully ambulatory.^{3,4} In

this case prophylactic treatment with heparin had been used only after post-operative period.

In conclusion after surgery for CD with shortened hospital length of stay, many patients will require out-of hospital prophylaxis with low dose heparin to prevent thrombo-embolic events.

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