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Case study in a lady with extensive venous thrombosis**Ho Peiying Audrey**

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32-year-old lady presented with dizziness, 1-week history of peri-umbilical abdominal pain and back pain not associated with recent trauma. It was found that she had symptomatic anemia with Hb 4.4. Computed Tomography of Abdomen and Pelvis (CTAP) showed thrombosis of the right, proximal left and main portal veins, splenic, superior mesenteric veins and the right renal vein extending to the intrahepatic inferior vena cava. Fibroid measuring 9.5x8.5x8.0 cm was the likely cause of menorrhagia leading to her anemia. She was extensively worked up for auto-immune disease markers e.g. lupus anticoagulant, Antinuclear Antibodies (ANA) anti-cardiolipin, anti-b2, all of which were negative. Coagulation panel markers were slight deranged, with Activated Partial Thromboplastin Time (APTT) 40.7, Partial Thromboplastin (PT) 15.3. After transfusion with 3 pints to reach a post-transfusion Hb level of 7.9, she was on clexane and bridged to warfarin, for at least 6 months of anticoagulation with hematology input.

Biography

Ho Peiying Audrey has been graduated from University College Dublin in 2017 and is currently working Ng Teng Fong General Hospital in Singapore.

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