Clinical case

Bilateral Ovarian Vein Thrombosis
A 35 year-old G4P4 female presented with worsening left flank pain for the last 2 days.
Symptoms

Pain was described as:

- Constant and low intensity in the left flank with episodes of exacerbation for about 5 years.

- **Severe since last 2 days.**

- Non-cyclic.

- Radiating to left shoulder, left lower abdomen and lower back.

- Partially alleviated with supine position.

- No aggravating factors.
Symptoms

She denied fever, chills, chest pain, shortness of breath, dysuria, urinary frequency, hematuria, or GI symptomatology. Regular menstrual cycles every 35 days, last menstrual period 1 day ago.
History

Medical history: Post-partum bilateral pulmonary embolism 5 years ago, GI hemorrhage while on Coumadin, “one copy of MTHFR”, chronic abdominal pain, obesity.

Surgical history: Cholecystectomy, colonic polypectomy.

Social history: Non-smoker.

Family history: Lupus and rheumatoid arthritis.

Allergies: None.

Medications: None.
History

Patient says she had at least 7 normal CT angiograms of the chest in the past due to chest pain with elevated D-dimer during different visits to the Emergency Department.
Physical Examination

**General:** Alert and oriented. No acute distress.

**Neck:** Supple.

**Respiratory:** Lungs are clear to auscultation

**Cardiovascular:** Normal rate, Regular rhythm.

**Gastrointestinal:** Soft, Non-tender, Non-distended.

**Musculoskeletal:** Normal range of motion.

**Integumentary:** Warm.

**Neurologic:** Alert and oriented X 3.
Lab results

CBC, CMP, Urinalysis, and B-hCG: **Unremarkable.**
CT abdomen/pelvis showed enlarged ovarian veins, thickened walls and low attenuation vein lumen.
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A venous Duplex was performed to evaluate the acuity of the Ovarian Vein Thrombosis (OVT).
Normal color flow and no filling defect in the Inferior Vena Cava (IVC).
Absence of color flow in the proximal Right Ovarian Vein (ROV) to the IVC.
B-mode shows dilatation and lack of compressibility in the ROV.
ROV diameter is 0.96 cm. There is absence of color flow in the mid segment of the ROV.
Normal color flow in the Left Renal Vein (LRV).
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Absence of color flow in the proximal Left Ovarian Vein (LOV) to the LRV.
Proximal LOV diameter is 0.72 cm. There is absence of color flow in the proximal and mid segments of the LOV.
Distal LOV diameter is 0.91 cm. There is absence of color flow in the distal LOV.
Both right and left ovarian arteries had increased flow due to the acute inflammation from the ovarian vein thrombosis.
Select the best initial treatment option in this patient based on the clinical presentation and the radiologic findings?

a. OVT is consider a self limited condition, therefore current guidelines recommend symptomatic treatment only.

b. Anticoagulation therapy for 3 months and reevaluate the patient.

c. Weekly surveillance ultrasounds for two weeks, start anticoagulation only if extension into the LRV or the IVC.

d. Immediate surgical intervention with ligation of ovarian veins bilaterally.

e. Consult IR for IVC filter placement.
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Treatment

- A single dose of Lovenox was administered in the Emergency department.

- Patient was discharged on therapeutic anticoagulation with Rivaroxaban.

- She was scheduled to follow up with vascular surgery in a week.

- Gynecologist and Hematologist were consulted as outpatient as well.
Three weeks follow-up

- Her thrombophilia work-up ordered by her hematologist was negative.
- She was seen by her Gynecologist and had a normal annual exam.
- She reported good compliance with Rivaroxaban without complications. Her abdominal pain had completely subsided.
Our patient presented with an acute on chronic abdominal pain.

OVT was determined to be unprovoked and of unknown etiology.

CT abdomen and pelvis with intravenous contrast and duplex ultrasound provided the definitive diagnosis of bilateral OVT.

Therapeutic anticoagulation allowed to complete symptom resolution at 3 weeks follow-up.
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