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Life-threatening complications of the DVT (clinical observation)

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Deep-venous thrombosis (DVT) may be complicated by the pulmonary thromboembolism (PTE), post-thrombophlebitic syndrome, venous gangrene of the lower limb and pulmonary hypertension. The purpose of the article is to analyze the errors in the diagnostic and treatment of a patient with DVT, which is complicated with the development of PE and venous gangrene of the lower limbs.

A 63-year-old patient had come to the hospital in grave condition (shock, acute kidney injury (AKI) in complaining of big formation in the abdominal cavity, belly pain and pain and numbness in both lower limbs. After the stabilization of the patient's status, giant festering left ovarian fibroma was removed. In the post-surgery phase there were developed lower limbs edema and dry necrosis in distal feet. These complications were associated with prolonged use of vasopressors. Two months after the delimitation of necrosis zones, transmetatarsal foot amputation (by Chopart) was performed. After surgery- dyspnea, depression of consciousness, hemorrhagic rashes and AKI were developed. Ultrasound duplex vascular scanning demonstrated a floating clot of inferior vena cava. For further diagnostic and treatment, the patient was transferred to A.V. Vishnevsky Institute of Surgery, where we detected DVT of lower limbs, pelvic veins, right cor atrium, right cor ventricle with continuation of a clot into the pulmonary artery. Diagnosed with PTE, septic pneumonia foci, pulmonary hypertension.

A lower leg amputation was made according to purolo-necrotic wounds and infection progress. The patient refused thrombectomy surgery in an artificial blood circulation. Anti-thrombotic therapy continued on an outpatient basis. Death occurred 10 months later.

In conclusion: Ultrasound duplex vascular scanning was made only after three months as disease started. Compliance with clinical guidelines for the diagnosis, prevention and treatment of venous thromboembolic complications would ensure timely diagnostic and treatment of DVT and PTE, blue phlegmasia, prevent lower limbs lost and save the patient's life.

Recent Publications

1. Orudzheva S. A, Blatun L. A, Sokologorskiy S. V, Sheina M. A, Turova T. G and Paskhalova Yu. Prolonged regional analgesia in the complex treatment of extensive purulent-necrotic wounds on the background of decompensated arterial and venous insufficiency (case report). Wounds and wound infections. The Prof. B. M. Kostyuchenok Journal. 2019; 6 (3): 34–43.
2. Korneev A.V, Orudzheva S.A and Kudryavtsev A.N. Specific features of difficult airways in patients with face and neck burns. Messenger of Anesthesiology and Resuscitation, 2019, Vol. 16, no. 6, P. 67-73.
3. Korneev A.V, Orudzheva S.A, Kudryavtsev A.N and Ponomarev A.A. A new method of assessing airways and selecting the method of tracheal intubation in patients with Burns of face and neck during planned surgery. Messenger of Anesthesiology and Resuscitation, 2020, Vol. 17, no. 6, P. 15-21.

Biography

Orudzheva S A. defended her doctoral dissertation at the age of 46 at A.V. Vishnevsky Institute of Surgery. Currently she is a senior researcher at the department of wounds and wound infections of the A.V. Vishnevsky Institute of Surgery. She has 44 publications with a total quoting score 127.

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