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Procedures

SESSION TITLE: Medical Student/Resident Procedures Posters
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EXTENSIVE DVT IN A YOUNG MALE WITH PERSISTENT SCROTAL INFECTIONS

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INTRODUCTION: Deep vein thrombosis (DVT) in young adults is uncommon but can be associated with significant morbidity. DVT is often idiopathic but genetic risk factors may play a role. We report a case of extensive DVT of the common iliac veins, inferior vena cava (IVC) and renal veins in a young man without common risk factors.

CASE PRESENTATION: 19 year old African American male was admitted in October 2019 with scrotal pain, dyspnea, palpitations, fatigue, fever with chills and non-bloody diarrhea. He was on antibiotics 3 weeks prior to admission for recurrent scrotal infection. In July 2019, he had left sided scrotal pain and swelling treated with incision and drainage followed by multiple antibiotic courses. The patient had no prior history of venous thromboembolism, smoking, or family history of blood clots. Physical exam findings showed ill looking male with mild hypotension and scrotal ulcerations. Labs were significant for lactic acidosis, acute kidney injury, anemia and coagulopathy. Scrotal Ultrasound showed no abscess or torsion. Computed Tomography (CT) of abdomen and pelvis revealed extensive thrombosis of the renal veins, inferior vena cava (IVC) and common iliac veins, along with bilateral lower lobe pulmonary emboli and small pulmonary infarctions. Echocardiogram did not show any right heart strain. He was started on systemic anticoagulation, broad-spectrum antibiotics, intravenous fluids and vasopressor therapy. Vascular surgery and interventional radiology were consulted. Mechanical thrombectomy of the IVC was performed with extensive thrombi removal and restoration of IVC patency. His wound cultures grew Methicillin-resistant Staphylococcus aureus and Pseudomonas aeruginosa resistant to fluoroquinolones. On discharge, he was treated with apixaban for 3 months and aspirin for 4 weeks with a close outpatient follow-up in 1 month.

DISCUSSION: DVT in young male is uncommon with a wide differential. Scrotal ulcers can be associated with local thrombosis and extension into the iliac veins based on the anatomic drainage. Management of extensive thrombosis of the venous system can be challenging.

CONCLUSIONS: Combination of mechanical thrombectomy and anticoagulation with antiplatelet therapy was effectively utilized to address the extensive thrombosis. Drainage and medical management of scrotal ulcers addressed the underlying etiology of the thrombosis.

Reference #1: Cushman, M. (2007). Epidemiology and Risk Factors for Venous Thrombosis. Seminars in Hematology, 44(2), 62–69. doi:10.1053/j.seminhematol.2007.02.004

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