

Phlebographic Detection Of Deep Vein Thrombosis After Major Surgery

Dr. R.C. Kesarwani M.S.
Dr. R.K. Katiyar M.D.
Dr. Shashank Mittal

KEY WORDS

Early detection, Thrombosis.

ABSTRACT

60 patients from Various surgical disciplines, one third of which already with pre-existing venous diseases were subjected to phlebography for detection of deep vein thrombosis. Results are presented.

INTRODUCTION

Deep vein thrombosis (DVT) has been a common problem in the surgical wards causing direct or indirect morbidity or mortality. high risk group for DVT includes old patients, and of venous diseases. Amongst the various methods described for the diagnosis of DVT, phlebography still remains the most accurate and reliable method in most of the surgical set ups in the country. In present series phlebography through intravenous route is done to make an early diagnosis.

Among all non invasive diagnostic techniques, 125 I - fibrinogen uptake test is a reliable diagnostic method, but it is possible in only a few centres in the country.

MATERIAL AND METHOD

This study was carried out in the M.L.N. Medical College associated S.R.N.Hospital, Allahabad, during a period, in 18 cases of various surgical disciplines. 20 ml of dye is injected rapidly under tourniquet control and AP and lateral views are taken.

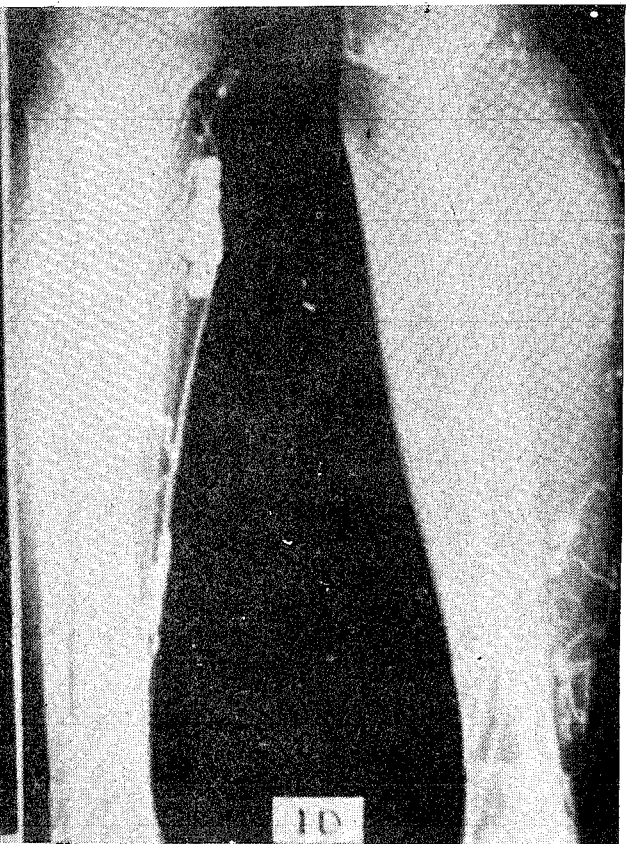
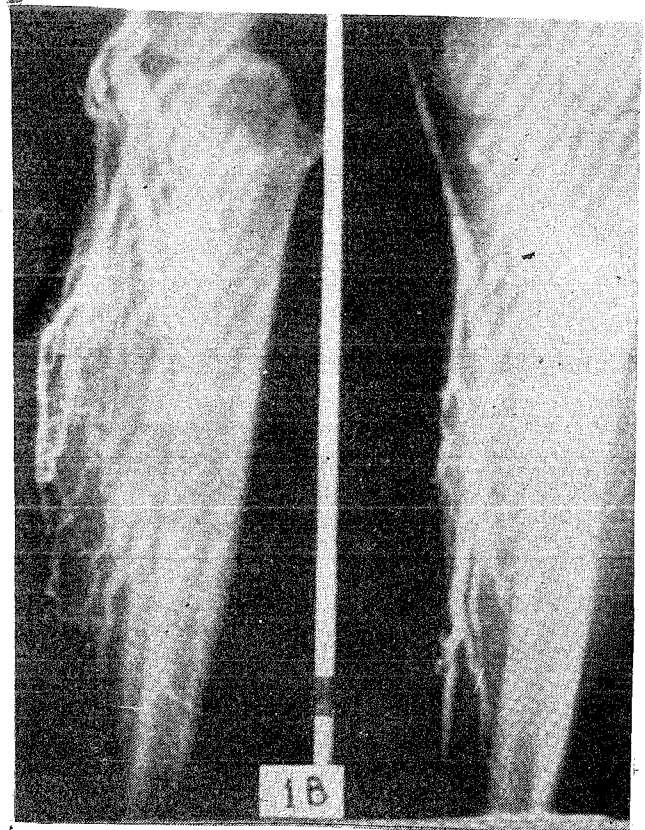
OBSERVATIONS

A total of 60 cases from various specialities such as orthopaedics, Gynaecology, cardiothoracic

and general surgery were chosen and subjected to phlebography and 28 cases revealed presence of DVT (46.6%)

DVT was found in 6/22 patients of pre-existing venous disease, (27%) and in 10/24 patients without pre-existing venous disease (42%).

Photographs 1-4



Figures :

- 1A - Thrombosis of Femoral Vein
- 1B - Irregularity of Valves and wall Denotes Recanalisation.
- 1C - Primary Valve Incompetence, Absent Valves.
- 1D - Varicose Veins - Primary Valve Incompetence.

DISCUSSION

Evidence of DVT was found in six out of 22 patients with pre-existing venous disease. That works out to be 24%. This study parallels to that of J.S. Train (1987), Kistner (1975) and Bauer (1948).

TABLE I : DVT in various presentations.

| Presentations | Total cases | No. of Cases DVT +ve | Percentage |
|---|-------------|----------------------|------------|
| 1. DVT in pre-existing Primary Venous Diseases | 22 | 6 | 27% |
| 2. DVT - Complicating Post operative convalescence including surgical gynaecological and orthopaedic cases. | 24 | 10 | 42% |
| 3. Occult DVT in symptomless cases | 12 | 2 | 16% |

DVT should be detected as early as possible in order to prevent silent pulmonary embolism, one of the major causes of sudden unexplained deaths during post operative convalescence. Phlebography has proved itself the most accurate and reliable method in diagnosing DVT in post operative patients.

CONCLUSION

To conclude, out of 60 cases, 28 (46.6%) were confirmed by phlebography to have D.V.T. of the total 60 cases, 22 had pre-existing venous diseases only si (24%) suffered from deep vein thrombosis. This observation is contrary to a common belief that those with pre-existing venous disease will show higher percentage of deep vein thrombosis.

This series brings forth information that those with pre-existing venous disease suffer 50% less than those without any venous disease.

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AUTHOR'S NAME AND ADDRESS :

1. Dr. R.C. Kesarwani, M.S. Reader
2. Dr. R.K. Katiyar, M.D. Lecturer (Radiology).
3. Dr. Shashank Mittal, Resident.

M.L.N. Medical College,
Allahabad - 211 001 (U.P.)