

Case	(414) Ovarian veins thrombophlebitis
Authors	M. Barreda-solana, M. García-junco, A. Oprisan, A. Picado-bermúdez, A. Pérezgibés.
Centre	Hospital Universitario Y Politécnico La Fe.

## CASE PRESENTATION

36-year-old woman hospitalized for late abortion (24 weeks of gestation) and chorioamnionitis, treated with antibiotics. After 48 hours of treatment she persists with fever and worsening of her general condition. An abdominal ultrasound is performed without significant findings.

Given the bad evolution of the patient a CT is requested. In the contrast enhanced CT a gravid uterus is observed, with the presence of hypodense material occupying and distending both ovarian veins from the uterus up to the renal vein on the left, and to the inferior vena cava to the right.

There is associated thickening and enhancement of the walls of the ovarian and uterine veins.

## DISCUSSION

Septic thrombophlebitis of the ovarian veins is a cause of pathological puerperium, being a rare but serious condition [1, 2]. It is associated with certain risk factors such as emergency cesarean section, prolonged labor, premature rupture of membranes and chorioamnionitis.

Pathogenesis will be due to intimal damage of the pelvic veins caused by the spread of uterine infection, the pro-coagulant state of pregnancy and pelvic venous ectasia, which will predispose to the formation of septic thrombi [3].

The right ovarian vein will be affected in 90% of the cases, since the retrograde venous reflux in the left ovarian vein during delivery protects it from bacterial dissemination [3].

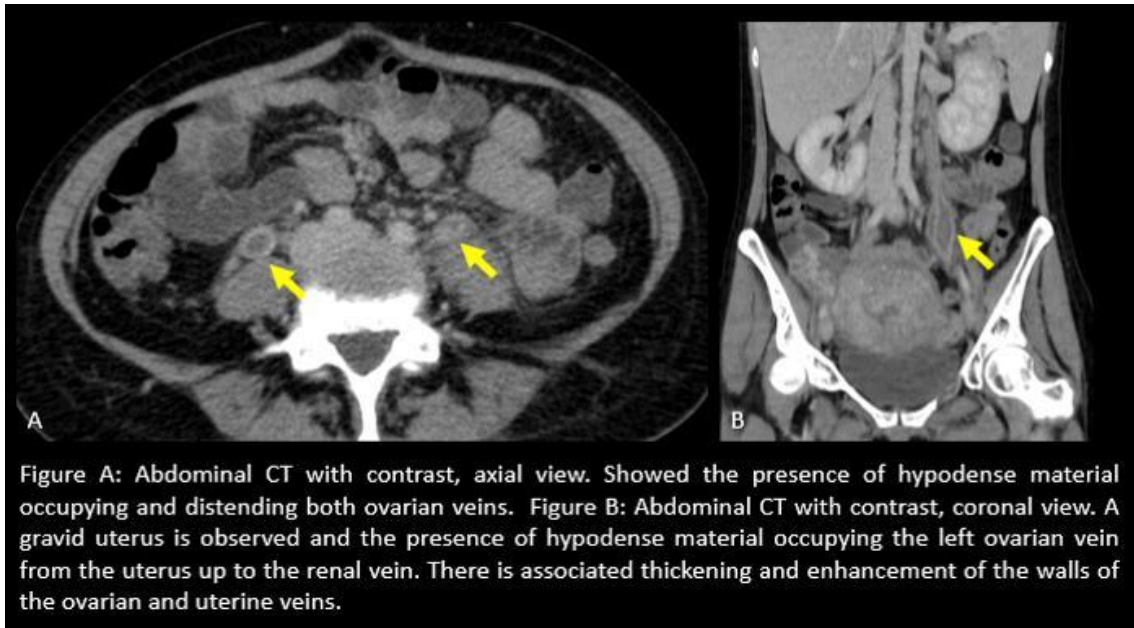
The clinical scenario usually presents between the second to fifth day after delivery, with nonspecific abdominal symptoms and persistent fever that does not yield with antibiotics [1, 2].

## CONCLUSION

Ovarian vein thrombophlebitis is a difficult diagnosis, so there must be a high clinical suspicion and the final diagnosis will be reached through imaging studies such as CT or MRI where the previously described findings will be observed [3].

Treatment will consist in a combination of anticoagulation therapy and antibiotics [4]. If not treated about 50% of patients will present septic pulmonary embolisms. Given the early diagnosis of our patient, she received timely treatment, with clinical improvement and resolution of the thrombi in a follow-up CT performed 3 months later.

Written informed patient consent for publication has been obtained.



## BIBLIOGRAPHY

- Bilgin M, Sevket O, Yildiz S, Sharifov R and Kocakoc E. Imaging of Postpartum Ovarian Vein Thrombosis. Case Reports in Obstetrics and Gynecology 2012; 134603.
- Dessole S, et al. Postpartum ovarian vein thrombosis: an unpredictable event: two case reports and review of the literature. Arch Gynecol Obstet 2006; 267(4):242-6.
- Virmani V, et al. Ultrasound, computed tomography, and magnetic resonance imaging of ovarian vein thrombosis in obstetrical and nonobstetrical patients. Can Assoc Radiol J 2012; 63(2):109-18.
- Kominiarek MA, et al. Postpartum ovarian vein thrombosis: an update. Obstet Gynecol Surv 2006; 61(5):337-42.