

Case	(079) Not everything is appendicitis
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CASE PRESENTATION

A 33-year-old primigravida underwent a normal spontaneous vaginal delivery. Everything was ok but in the second day of her postpartum she complained of rightflank pain, fever and leukocytosis but no palpable mass. Her doctors thought in appendicitis and they apply for radiological test.

Sonography:

- Gravid utero without showing other significant alterations.
- The appendix showing a normal size and morphology was located without visualizing associated inflammatory changes.
- In right flank a tubular structure that goes towards the ovary was located. An ovarian vein thrombosis was suspected, so we decided to perform an urgent CT to discard other associated complications.

Abdominal and pelvic CT:

It showed the presence of a filling defect in a tubular structure, right ovarian vein, anterior to the psoas muscle with a central round low-attenuation center and peripheral higher-attenuation rim with the most cephalad extension of the clot just its origin, ICV

DISCUSSION

Puerperal ovarian-vein thrombophlebitis(POVT) is a post- partum complication that occurs in 0.1-8% of puerperia and requires prompt medical treatment to avoid extension of thrombus with potentially life-threatening complications. POVT usually presents in the first postpartum week as a syndrome consisting of lowerabdominal or flank pain (in most cases, is localized on the right side), fever and a tender mass (thrombosed ovarian vein). The pathophysiology is based on Virchow's triad: 1. Hypercoagulability associated with pregnancy (it persists months after childbirth). 2. Hemodynamic changes (vein compression by the enlarged utero) 3. Endothelial injury in the vein wall usually caused by uterine infection. Right ovarian vein is affected in 90% of cases.

The reason of this fact is because it is longer, it has more valves wich favors thrombus and anterograde flow in right ovarian vein. Although ovarian vein thrombosis is not frequent it has a high mortality if it is not diagnosed.

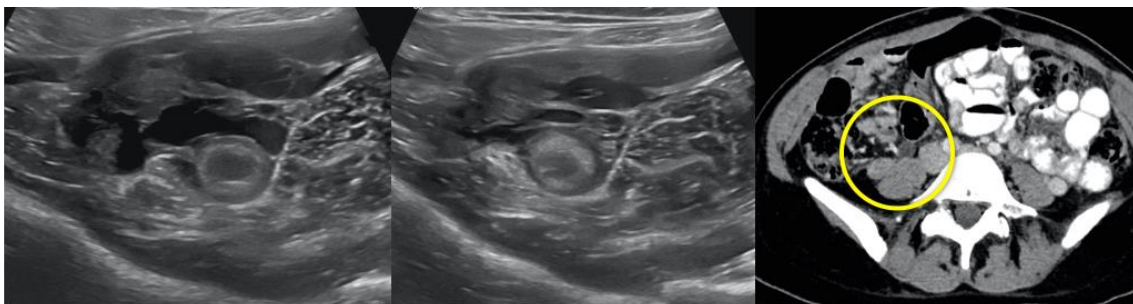
You have to think in this pathology when a postpartum patient starts with fever and abdominal pain (frequently in right side). Real-time sonography is ideally suited to delineate the location and extent of the

thrombus because of the ease of imaging in any plane.

However, intervening bowel gas from the ileus that is often present can compromise the examination. In view of the availability and increasing reliability of CT is the gold standard test to diagnose this pathology.

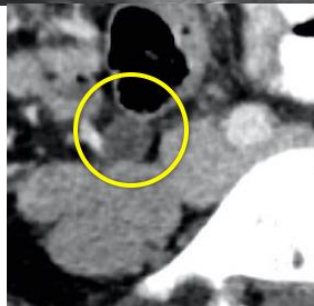
CONCLUSION

Ovarian vein thrombosis is not frequent it has a high mortality if it is not diagnosed. You have to think in this pathology when a postpartum patient starts with fever and abdominal pain (frequently in right side).



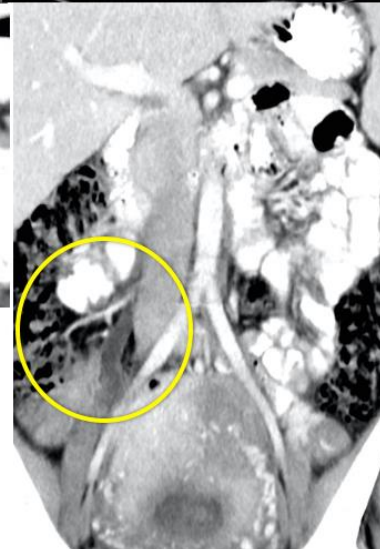
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