

IMAGES IN EMERGENCY MEDICINE

Nontrauma and Medical

Woman with right leg swelling**Cheng Chen MD¹ | Po-Wei Chen MD, MS^{2,3} **¹Department of Internal Medicine, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan²Division of Cardiology, Department of Internal Medicine, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan³Institute of Clinical Medicine, College of Medicine, National Cheng Kung University, Tainan, Taiwan**Correspondence**

Po-Wei Chen, MD, MS, Division of Cardiology, Department of Internal Medicine, National Cheng Kung University Hospital, 138 Sheng-Li Road North District, Tainan 70403, Taiwan.

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1 | INTRODUCTION

A 77-year-old woman presented with progressive swelling in her right leg for 1 month. She had undergone bilateral total hip arthroplasty (THA) 2 years previously. A venous duplex ultrasound was conducted and revealed a noncompressible femoral vein along with a cyst-like lesion right beside the vessel. Further computed tomography (CT) was performed.

2 | DIAGNOSIS

Hematoma-associated deep vein thrombosis (DVT). The CT revealed the presence of a hematoma near the right hip screw resulting in compression of the right femoral vein (Figure 1). After multidisciplinary discussions with an orthopedic surgeon and a radiologist, a CT-guided percutaneous drainage procedure was performed. Because of the compression caused by the hematoma, we administered a reduced dose of

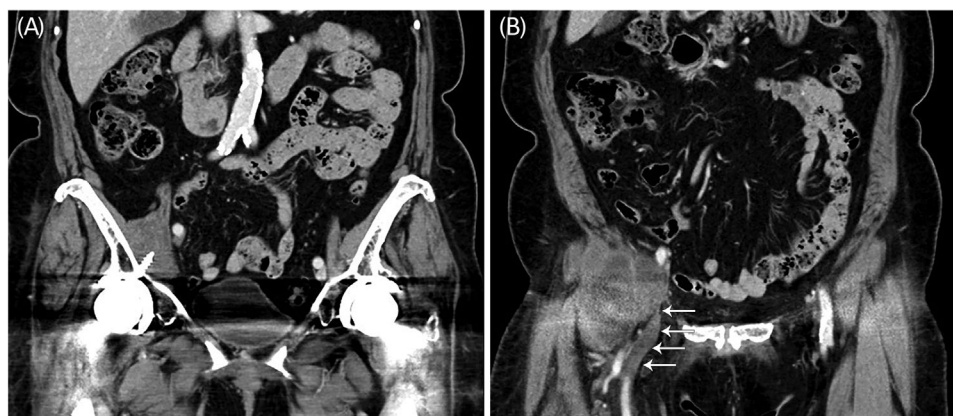


FIGURE 1 (A) A coronal computed tomography scan displayed fluid collection in the right iliopsoas muscle adjacent to the right hip joint. (B) Right femoral vein was compressed with distal venous filling defects (arrows).

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enoxaparin in consultation with the cardiologist. The swelling in the leg exhibited significant improvement on the day after the drainage procedure.

DVT is a common complication of THA. However, most thromboembolic events are reported to develop within 4 weeks postoperatively.^{1,2} Besides, few reports have documented the management of cases where thrombi coexist with a hematoma.³⁻⁵ In the present report, because of the significant time gap of 2 years between the THA and presentation at our department, the surgeon had difficulty establishing a clear association between the surgery and DVT. Additionally, the coexistence of a hematoma and DVT complicated the assessment and the balancing of bleeding risk versus thrombotic risk before anticoagulation therapy for DVT could be initiated. Collaborative efforts with cardiologists, surgeons, and radiologists can be highly advantageous.

ORCID

Po-Wei Chen MD, MS  <https://orcid.org/0000-0003-2300-0698>

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