

[ PICTURES IN CLINICAL MEDICINE ]

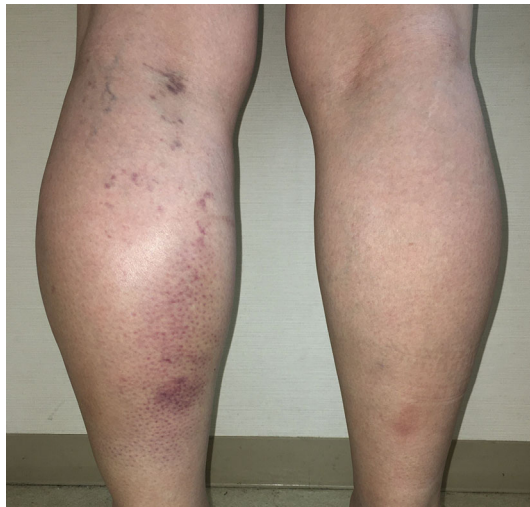
## Coup de Fouet Syndrome

Hiroyuki Nagano and Takeshi Ueda

**Key words:** coup de fouet syndrome, ecchymosis, deep venous thrombosis

(Intern Med 60: 1483, 2021)

(DOI: 10.2169/internalmedicine.6102-20)



**Picture.**

A 56-year-old woman presented to the outpatient clinic with a 3-day history of pain and swelling in her left calf. She was not taking any antithrombotic agents. A physical examination revealed swelling and ecchymosis in her left calf (Picture), but no warmth or tenderness. Laboratory tests revealed a normal platelet count and hemoglobin level and

no coagulopathy. Ultrasonography showed subcutaneous tissue thickening and no evidence of deep venous thrombosis, muscle injury or hematoma. A diagnosis of “Coup de fouet syndrome” was made. Coup de fouet syndrome is characterized by severe localised pain and swelling of the calf muscles and subcutaneous ecchymoses. It may occur as a result of rupture of the veins by the movement of the lower extremities, including walking (1). This patient denied a recent history of trauma or exercise except for walking. Although it is self-limiting, an early diagnosis can dispel patients’ misgivings. The symptoms resolved spontaneously within one week without treatment.

**The authors state that they have no Conflict of Interest (COI).**

### Reference

1. Costeas F, Papastavrou E, Alexandrides K. The “coup de fouet” syndrome of lower extremities. *Angiology* **16**: 252-255, 1965.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).