

CASE IMAGE

Purpura due to deep venous thrombosis

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An 81-year-old woman presented with swelling and purpuric rash on her right leg lasting for 1 month. She reported no fever or dyspnea but complained of right leg pain. She had hypertension and dyslipidemia. On presentation, her right lower limb was swollen with a slightly dark-colored skin and nontender, nonpalpable purpura over her right lower leg (Figure 1A). Laboratory tests showed normal platelet counts and elevated D-dimer levels. Subsequent contrast-enhanced computed tomography revealed venous thrombosis from the right femoral vein to the right popliteal vein but no pulmonary embolism. Intravenous heparin improved her limb

swelling and purpura within 7 days (Figure 1B). Then, she was discharged after switching from heparin to apixaban.

Purpura is a clinical manifestation of blood extravasation into the mucosa or skin due to vessel wall damage, vascular occlusion, or coagulopathy.¹ Features of purpura in this case suggest a congestion of the anterior accessory great saphenous vein, which drains into the femoral vein.² Given that purpura is an unusual presentation of deep vein thrombosis,^{1,3} in addition to venous occlusion by thrombosis, locally incompetent valves and a weakened venous wall, particularly in older women,⁴ might cause purpura at the proximal lower limb.



FIGURE 1 (A) A slightly dark-colored skin and nontender, nonpalpable purpura over the right swollen limb seen on our patient, an 81-year-old woman. (B) After 1 week of treatment, the right limb swelling and purpura had improved.

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ACKNOWLEDGMENTS

We thank the patient for providing her consent to share her information.

FUNDING INFORMATION

None.

CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ETHICS STATEMENT

Approval of the research protocol: N/A.

Informed consent: Informed consent was obtained from the patient.

Registry and the registration no. of the study/trial: N/A.

Animal studies: N/A.

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How to cite this article: Komagamine J, Yoshihara S. Purpura due to deep venous thrombosis. *Acute Med Surg*. 2023;10:e916. <https://doi.org/10.1002/ams2.916>