INFECTION AS A THROMBOTIC RISK FACTOR: A CASE SERIES

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BACKGROUND

- Amid risk factors (RF) of venous thromboembolism (VTE), infection is among the most important. Our objective was to analyze the diagnosis, treatment and evolution of VTE associated with complicated infections, unrelated to the use of central venous catheter (CVC).

CASE PRESENTATION SUMMARY

- We reviewed the medical records of patients diagnosed with VTE and followed up in the thrombosis unit of a tertiary hospital between October 2016 and December 2017. 37 patients were diagnosed with VTE. 32 patients (86.5%) presented TEV secondary to the use of CVC and five (13.5%) secondary to the infectious process. In two patients, VTE was secondary to **mastoiditis**: a 3-year-old patient with subperiosteal abscess and sigmoid sinus thrombosis and a 12-year-old adolescent with venous sinus thrombosis. Two other cases were secondary to **deep cervical abscesses**.
- The first case was an abscessed cervical adenitis with thrombosis of the internal jugular vein, in a 15-year-old patient with Lemierre's syndrome
- The second case was a 3-year-old patient with right retropharyngeal abscess, left retropharyngeal phlegmon and thrombosis of the right internal jugular vein.
- The last case was a 22-month patient with left popliteal vein thrombosis in the context of **S. pyogenes myositis**. This patient is also being investigated of for primary immunodeficiency due to subsequent invasive infection by S. pneumoniae and H. Influenzae b.
- All patients were treated with low molecular weight heparin between 3 and 6 months and have presented with complete resolution of the thrombosis**

VTE secondary to mastoiditis

3-year-old patient with right retropharyngeal abscess, left retropharyngeal phlegmon and thrombosis of the right internal jugular vein.

Patients diagnosed with venous thromboembolism

■ secondary to the use of CVC ■ secondary to the infectious process

Thrombosis of the internal jugular vein

DISCUSSION

- Infections are a risk factor for the development of VTE on adjacent vascular territories, with mastoiditis and cervical abscesses being the main RF. The combination of antibiotic and anticoagulant treatment allows a complete clinical resolution