

# Ovarian vein thrombosis: A case report

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## Aim

To increase awareness of postpartum ovarian vein thrombosis (OVT) as a rare but important differential diagnosis in the postnatal patient with abdominal pain.

## Case

The patient presented with right sided abdominal pain, 4 days post elective Caesarean section (CS) and insertion of IUS.

Initially, the patient was tachycardic, the uterus palpable at the level of the umbilicus. There was minimal non offensive vaginal bleeding.

Inflammatory markers and haemoglobin were within normal range with deranged coagulation. USS demonstrated clots within the endometrial cavity. CS notes described an adherent placenta requiring haemostatic sutures to the placental bed.

The patient required morphine for pain management. CT scan revealed a right OVT, uterine haematoma with active bleeding, IUS situated anteriorly.

The patient had 4 units of fibrinogen followed by EUA and insertion of a Bakri balloon. During procedure clots were evacuated and IUS removed. Blood loss was 1.6 L.

The patient was transfused, anticoagulated, improved and discharged on day 7 with follow up in a joint obstetric haematology clinic. The patient was diagnosed with Sjogren's syndrome



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## Ovarian vein thrombosis

Incidence of postpartum OVT is 0.05%-0.18%<sup>1</sup>.

Enlargement of the ovarian vein during pregnancy and sudden reduction of blood flow within the vessel postnatally, combined with the hyper-coagulable state can cause thrombus formation<sup>1 2</sup>.

80-90% of cases are within the right ovarian vein due to its anatomy and course<sup>3</sup>. Patients commonly present with right sided abdominal pain and fever<sup>1</sup>.

Antegrade blood flow within the right ovarian vein could be a route for ascending infection which may contribute to formation of the thrombus through inflammation<sup>1 2</sup>.

Treatment includes initiating antibiotics and anticoagulation<sup>2</sup>.



## Conclusion

Postpartum OVT is a differential diagnosis for abdominal pain within the postnatal period and, although rare, has the potential to progress to life threatening complications such as involvement of larger vessels, sepsis, or pulmonary embolism<sup>4</sup>.



## References

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