Upper Extremity DVT PLUS

Key Points:
• Upper-extremity DVT’s can be spontaneous (Paget-Schroetter Syndrome) or catheter-associated.
• UEDVT’s typically present with vague shoulder/axillary pain and arm/hand swelling.
• It is estimated 20-30% of patients with UEDVT will embolize without treatment
• Anti-coagulation is the standard of care for documented UEDVT.

Definition
• Paget-Schroetter Syndrome: spontaneous thrombosis of the veins of the upper extremity
• Catheter-associated thrombosis

Epidemiology/Pathogenesis
• “Spontaneous” can be from anatomic abnormalities or hypercoagulable state
• Catheter-related is related to the catheter . . . .

Clinical Presentation
• Often vague shoulder/axillary or neck discomfort
• Frequent but not always associated with hand or arm edema
• Note: fewer than half of patients with above symptoms will have a clot
• Distal embolization
  ♦ According to Goldhaber, “up to one third of patients have PE”
  ♦ Probably 20-30% will embolize without treatment based on all studies

Diagnosis
• Compression ultrasound as a sensitivity of 95% and a specificity of 94% for UEDVT
• U/S will miss subclavian or more proximal DVT’s
  ♦ If suspicion remains high, use MRA or venography

Treatment
• Anticoagulation is the cornerstone: coumadin for a minimum of 3 months
  ♦ Multiple recent review articles state this explicitly
• Removal of the catheter is ideal if possible (case reports of causing embolization)
• Consider catheter thrombolysis in young pts., those w/ SVC syndrome, and those who need to keep their catheter

Questions

Do we know the likelihood ratios for the signs and symptoms of cardiac Tamponade?
The easy answer: no. We were unable to find any studies which examined prospectively or retrospectively the incidence of signs or symptoms in the diagnosis of tamponade.

What’s the deal with the spontaneous hemopericardium?
The easy answer: it is rare rare rare. Hemopericardium is most often associated with malignancy, trauma, bleeding disorders (including thrombolysis), and vascular malformations (many case reports of ruptured coronary artery aneurysms). There are case reports of spontaneous hemorrhage in patients who are being anti-coagulated but this was almost universally after cardiac surgery. There are also case reports of hemopericardium secondary to fractured pacemaker leads.
References:


