

* Bilateral swollen

- cardiac..
- renal...
- liver...

* Unilateral swollen

- cellulitis
- DVT
- Baker cyst rupture..
- trauma.

* DVT precipitating factors:-

- 1) bed ridden [stasis] due to surgery..
- 2) SLE [thrombosis]
- 3) Behcet dz.
- 4) IBD < chronic diarrhea
abdominal pain..
- 5) polycythemia rubra vera..
- 6) essential thrombocytosis..
- 7) post partum [Antiphospholipid \$]
- 8) inheritid [family hx]
- 9) drug :- heparin or anti psychotic drugs..
- 10) malignancy..

- * DVT complication:-
- ① PE
 - chest pain..
 - hemoptesis..
 - Palpitation - tachycardia..
 - ② Budd chiari syndrome → Jaundice..

* DVT approach:-

① History..

② Physical exam -

- for SLE - behcet dz
- hand exam
- lower limb exam [swollen]

* leg swollen + low probability → di dimer.

* leg swollen + high probability → duplex

→ theory but in practice we use angio CT..

③ LAB:-

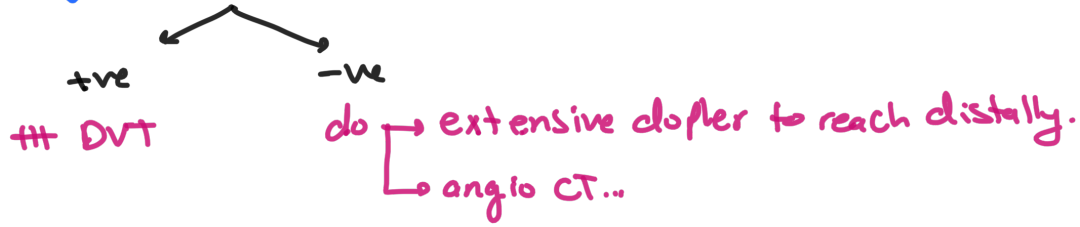
- ↓ CBC
 - leukocytosis
 - ↑ Hb in polycythemia
 - ↑ or ↓ thrombocyte.
 - essential thrombocythosis ← ↑
 - ↓ in → TTP - SLE - Antiphospholipid syndrome - ↓ B12 malignancy - HELLP in preclamsia - liver cirrhosis - HIT - PNH A leuel to Aplastic Anemia..

↑ risk of bleeding.. ← ↓ platelets

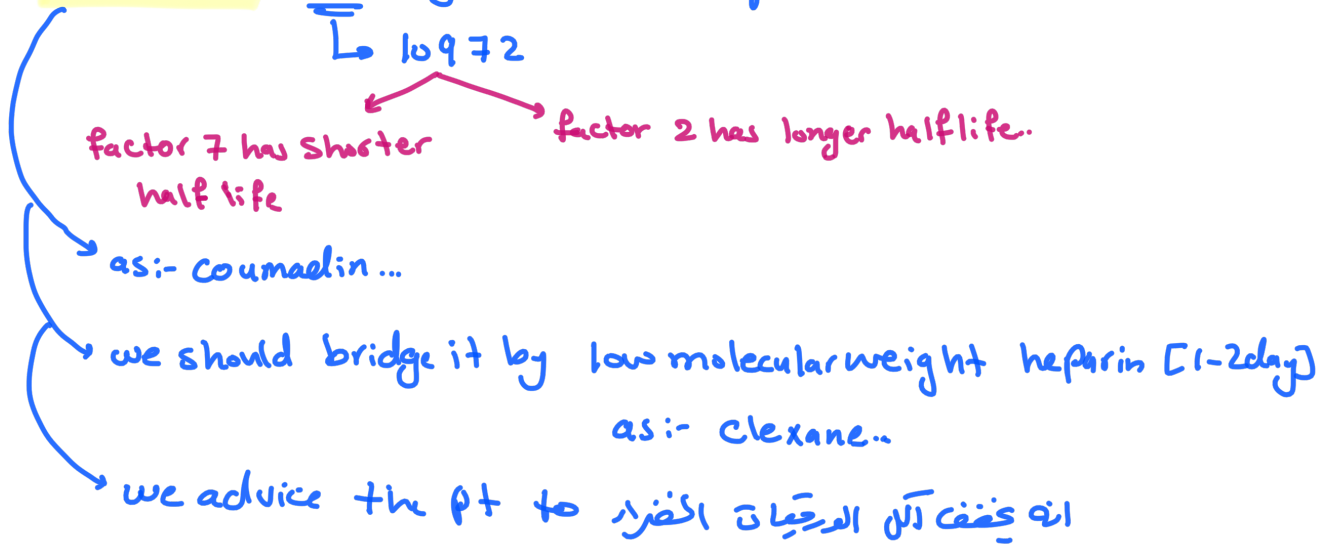
≥ liver fx test and kidney fx test..

≥ INR..

④ imaging:- doppler for deep muscle [proximal of popliteal fossa]..



* treatment:- warfarine:- VK antagonist.. [the target INR:- 2-3]



DOAC:- direct factor 10 antagonist...

↳ equal as warfarine..

* DOAC contraindication in:-

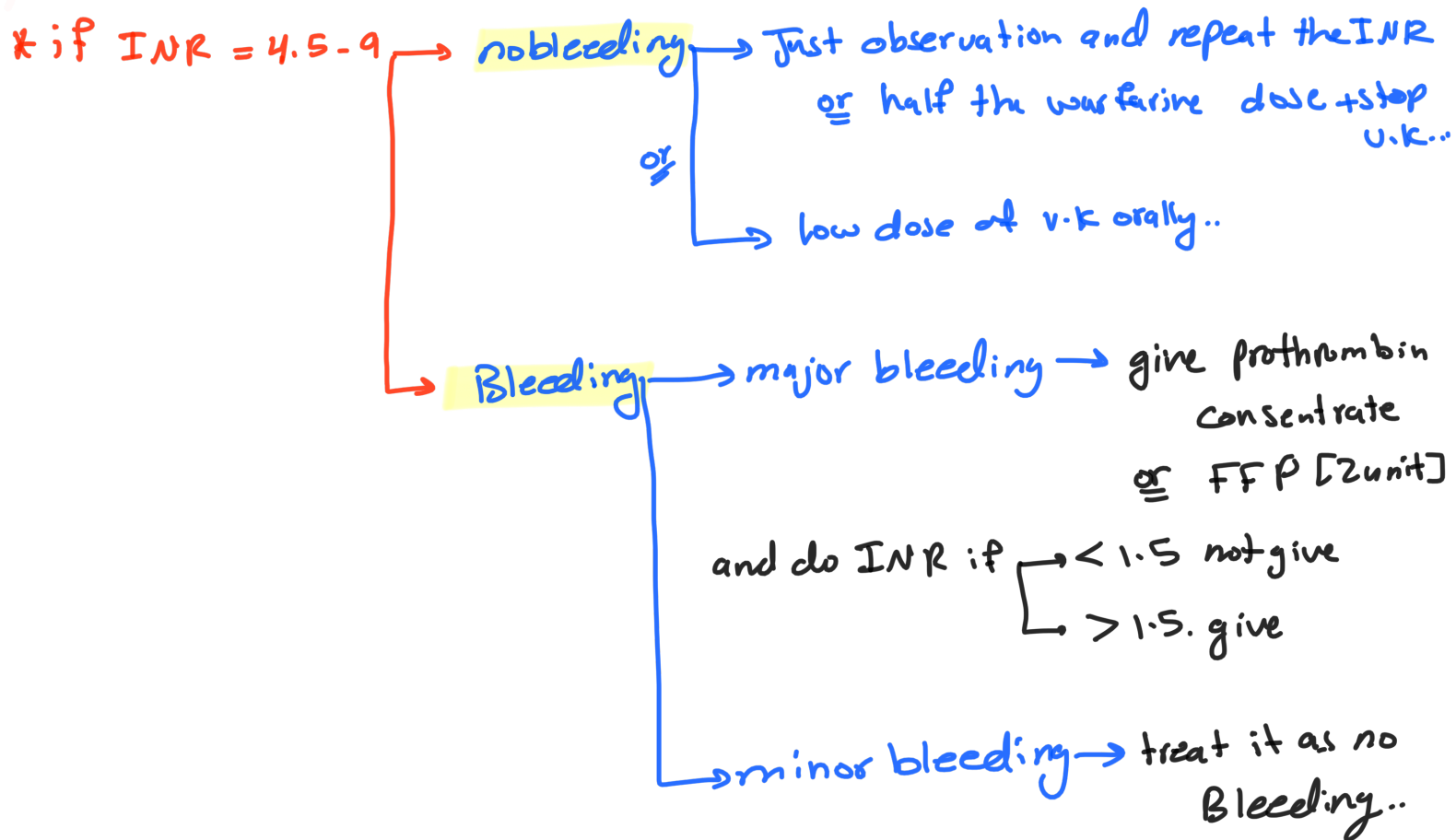
- 1- pregnancy..
- 2- Breast Feeding..
- 3- metallic cardiac valves..
- 4- valvular A.F..
- 5- Anti phospholipid \$.
- 6- CKD stage 5 [creatinine clearance < 15ml/min]..

notes:-

pt presented with headache and there is hx of warfarine intake → we think about intra cranial hemorrhage due to warfarine...

pt presented with hematuria + there is hx of warfarine intake → think about urinary tract or renal causes.. but not due to warfarine.

* if $INR > 9$:- give v.k..



* The warfarine contra indicated in 2nd trimester of pregnancy..
but if there is mechanical mitral valve we give warfarine even in 2nd trimester..

* If there is IC hemorrhage → we should stop the anticoagulant and adjustment to B.P..

* in sinus thrombosis we give the pt:- warfarine + clexane..

→ There is 12 sinus in the brain..

* The cranial veins has $\left\{ \begin{array}{l} \rightarrow \text{no tunica media} \\ \rightarrow \text{no valves} \end{array} \right.$ $\left. \vphantom{\begin{array}{l} \rightarrow \text{no tunica media} \\ \rightarrow \text{no valves} \end{array}} \right\} \rightarrow \text{this lead to } \uparrow \text{ risk of thrombosis}$

* if there is thrombosis $\rightarrow \uparrow$ intra venous P $\rightarrow$ capillary rupture $\rightarrow$ hemorrhage
 $\swarrow$
... due to thrombosis

$\rightarrow$ so the thrombosis lead to hemorrhage via 2 mechanism $\left\{ \begin{array}{l} \text{IC hemorrhage} \\ \downarrow \text{CSF absorption lead} \\ \text{to hydrocephalus} \dots \end{array} \right.$

* venous hemorrhage feature:- ① lobar..

② in young age..

③ presented in $>$ one artery area

[arterial hemorrhage / يجرى في أكثر من شريان]

④ has risk of thrombosis especially in $\left\{ \begin{array}{l} \text{SLE} \\ \text{Behcet} \\ \text{dz.} \end{array} \right.$

⑤ more in post partum..