

Miss aisha asaad el grazi 37 Years old female patient married ^{hus} 1 son and 4 daughters she lives in el nasir, she is house wife, she was in medical department after admitted to ER for 10 days ago

The history was taken from the patient himself and she was cooperative with me.

CC:

She complains from Rt leg pain and swelling for 15 min.

*leg swollen 3 days ago.
-gradual*

HPI:

She was in the usual state of health till 15 min before admission, The condition starts with gradual moderate Rt leg pain, not radiating to other area, exacerbated by hot water, not relieved with anything, the severity was 7/10, not limited her daily activity, she has fever but she didn't measure ^{it}, no weight loss, no loss of appetite, no night sweat.

There is gradual colicky Rt iliac fossa pain associated with the leg pain, not radiating to any area, not relieved with anything, severity 7/10. She was admitted with similar attack before 14 y There is history of miscarriage before 14 years, and history of heparin 4 doses for 2 days

no chronic abdominal pain or chronic diarrhea

No history of trauma, travel, major surgery, SLE, periorbital edema, itching, blurred vision, chest pain, hemoptysis.

→ family history of same attack, drug.

PMH:

↳ for polycythemia rubra ven
→ bleeding tendency → PNH, polycythemia

No chronic diseases, DM, HTN, CKD, asthma.

↳ chronic kidney dz

PSH:

No history of surgery

Systemic review:

Res: no chest pain, hemoptasis, cough, sputum dyspnea and wheeze.

Cardio: there is rt lower leg edema, No palpitation, cyanosis and claudication.

GIT: no oral ulcers, dysphagia, vomiting, jaundice, diarrhea or constipation.

CNS: no headache, convulsion, blurred vision, numbness.

MSK: there is right knee pain no stiffness no myalgia

Endo:

Hemat: No

Urinary: UTI dysuria, orange color no hematuria

Genital:

She has regular menses, she was giving birth 1 month ago, the postpartum hemorrhage stopped for 10 days *normal vaginal delivery*

Drug history:

OTC: trophin and acamol

Herbal: babong

No drug and food allergy.

No blood transfusion.

Family history:

Her mother and father have HTN, there is no 1st degree relative consanguinity.

Social history:

She lives in the 1st floor with a good ventilation no smoking, no alcohol, no drug abuse, no animal contact, has medical insurance.

Bilateral swollen → Cardiac
 ↳ renal
 ↳ liver

unilateral swollen → Cellulitis
 ↳ DVT
 ↳ Baker cyst rupture..
 ↳ Trauma

DVT precipitating factors:- ^{surgery.} ① bed ridden. [stasis]

⑤ malignancy

② SLE [thrombosis]

paget dz

IBD [chronic diarrhea
abdominal pain]

polycythemia

essential thrombocythosis

post partum [Anti-phospholipid]..

③ inherited [Family Hx]

④ drugs heparin - antipsychotic drug.

complication:- PE → chest pain
→ hemoptesis
→ palpitation - tachycardia...

Budd chiari → Jaundice

approach of DVT:-

① physical exam:- for SLE. patient
hand exam
[leg swollen exam]

leg small low probability → d-dimer
" " high → duplex
But in practice
angio CT

② LAB:- CBC → leukocytosis
→ ↑ Hb in polycythemia
→ ↑ or ↓ thrombocyte

ETC cytosis
↓ risk of bleeding

→ TTP, SLE, Anti-phospholipid
→ malignancy, HELLP
→ liver cirrhosis / HIT / PNH
→ B12 ↓
→ aplastic anemia

x liver fx, kidney fx

x INR

imaging doppler for deep M. in proximal [popliteal]

├ +ve ~~+++~~ DVT

└ -ve → extensive doppler to reach distal

└ CT angiograph.

جفاف الأوردة

~~short half life~~
~~long half life~~

to 472

warfarine

~~VK antagonist~~

[target INR: 2-3]

inhibit epoxide reductase

└ comedine

should bridge by low M.W.H

1-2 day

└ Clexan

DAC → direct factor lo antagonist

└ equal as warfarine.

headache due to warfarin ($\rightarrow$ hemorrhage).

$\rightarrow$ hematuria $\rightarrow$ warfarine $\Rightarrow$ due to urinary or renal
any cause not warfarin.

$\rightarrow$ echymosis + INR: 9

if INR > 9 :- give V.K.

if INR = 4.5 - 9 $\rightarrow$ no bleeding:

- Just observation, repeat INR
half warfarin dose
stop V.K.
- or
low dose V.K orally.

$\rightarrow$ B bleeding:

- major give prothrombin concentrate
or FFP [2 unit]
and INR if < 1.5 / $\text{INR} > 1.5$
ما يفي / ما يفي
- minor [as no bleeding]
أدب ما يفي

* warfarin contra indication in 2nd trimester.

but in mechanical mitral valve give warfarin.

* warfarine

IC hemorrhage $\uparrow$ stop coagulation
adjustment to BP

But in sinus thrombosis, we give pt warfarine + Clexan...

there is 12 sinus in brain

