P07 VENOUS THROMBOEMBOLISM, FIRST MANIFESTATION OF CARCINOMA, CASE REPORT

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INTRODUCTION

Pulmonary embolism (PE) is a potentially life-threatening condition that can be associated with significant morbidity. Thrombosis and cancer are linked by numerous pathophysiological mechanisms; the incidence of VTE and the recurrence rate are increased in the carcinoma patient population compared to other patient groups. VTE is the second most common cause of death in patients with carcinoma, but it can also be the initial manifestation in patients with occult malignancy. We present a case with VTE, where the malignancy was discovered later.

CASE REPORT

A 42-year-old man. He was admitted to the hospital with dyspnea, hemoptysis and chest pain. Biochemical tests showed slightly elevated CK MB, increased D-dimer gas analysis, hyposaturation. CT angiography of the chest showed a filling defect of the right lower pulmonary artery. After admission, the patient was treated with heparin for three days, then switched to Rivaroxaban. During hospitalization, a non-traumatic fracture of the neck of the right femur occurred, which was treated conservatively due to the severe clinical picture. After two months, a repeated episode of VTE occurred with the same symptoms and deep vein thrombosis of the right popliteal vein. Six weeks after the recurrent PE, the orthopedic team performed a bioprosthesis replacement operation, during which the biopsy material was taken. The differential diagnosis was metastatic bone deposits of connective tissue. A CT scan of the small pelvis was performed and an oval-shaped tumor was observed in the right iliac region.

CONCLUSION

Patients with VTE are at significant risk of occult malignancy. Screening for malignant diseases should be recommended to such patients. In partnership with the patient, the clinical team can improve patient outcomes with optimal risk assessment and compliance with national and international guidelines for VTE prophylaxis and treatment.

KEYWORDS

Venous thromboembolism, malignancy, differential diagnosis