Clinical picture

Paget-Schroetter syndrome

A 65-year-old man presented to our clinic with right upper limb swelling. His past medical history was nothing particular. He was right handed and had had no injuries to right upper limb. He recognized gradual swelling of his right upper limb during clerical work since the previous day.

Physical examination revealed swelling and cyanosis of his right upper limb, along with distension of the cephalic and thoracoacrominal veins (Figure 1). There were no findings suggestive of inflammation, such as warmth or tenderness. Laboratory tests revealed a white cell count of 10,900/μl and d-dimer level of 2.29 μg/ml. Contrast-enhanced chest computed tomography detected thrombosis extending from the right brachial vein to right subclavian vein without pulmonary embolism. He had no personal and family history suggesting thrombophilia. Paget-Schroetter syndrome was diagnosed. Heparin sodium and warfarin therapy were started, with prompt resolution of symptom. At follow-up during next 2 years, he had not experienced any relapse and no malignancy.

Upper limb venous thrombosis is unusual and the majority of causes are central venous catheters, pacemaker electrodes, or malignancies (most commonly lung cancers or lymphomas).1 Primary upper limb venous thrombosis is rare, with annual incidence of 2 per 100,000. The mean age at onset was reported to be 59.2 years with the equal sex ratio.2 Paget-Schroetter syndrome is effort-induced primary venous thrombosis of upper limb in healthy adults. Usually, musculoskeletal anomaly compressing the thoracic outlet veins and strenuous upper limb movement leads to vascular intimal damage of dominant upper limb with thrombosis. This condition is treated with anticoagulants, thrombolytic agents and thrombectomy.

Acknowledgements

Written consent to publish this report was obtained from the patient.

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References