

A Case Report of Postpartum Bilateral Ovarian Vein Thrombosis

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Introduction

Ovarian vein thrombosis (OVT) is a rare condition associated with the post-partum period. It affects up to 2% of caesarean sections. The classic clinical triad is pelvic pain, fever and right sided abdominal mass and it typically presents in the first 10 days of the postnatal period.

Aims

Discussion of the clinical presentation and management of bilateral ovarian vein thrombosis causing abdominal pain in a postnatal patient.

Case Study

A 29-year-old G4P2 woman presented with severe left upper quadrant pain and nausea 13 days post emergency lower segment caesarean section for breech presentation in labour at 37+3 weeks gestation. She was hemodynamically stable and afebrile, with guarding in the left upper abdomen and mild left renal angle tenderness. Bloods including full blood count, biochemistry, liver function test and CRP were unremarkable. Urine analysis was negative for nitrites, leucocytes and blood. CT abdomen demonstrated bilateral ovarian vein thrombosis with extension and occlusion of the left renal vein and inflammatory stranding surrounding the left kidney.

She was managed as an inpatient with therapeutic enoxaparin and patient-controlled analgesia. Her creatinine and urine output remained stable throughout admission. She was discharged on day 4 with a plan of 3 months of therapeutic enoxaparin and repeat pelvic ultrasound with vascular outpatient follow-up to ensure resolution of thrombosis.

Discussion and Conclusion

OVT has a non-specific presentation, hence it is important for clinicians to maintain a high index of suspicion for this diagnosis. Delay in diagnosis may lead to significant complications including abscess formation, infarction, thrombus extension into IVC, pulmonary embolism and uterine necrosis.



Figure 1: CT abdomen-pelvis demonstrating dilated left renal vein consistent with thrombus