



Now Thalassaemia Can be Cured in NASHIK

Institute of Haematology, Oncology
& Bone Marrow Transplantation

Dr. Pritesh S. Junagade

MD (Medicine), MRCP (UK)
MRC Path (Haematology) (UK), CCST (Haemato-Oncology)

Consultant Haematologist, Haemato-Oncologist
and Bone Marrow Transplant Physician

- Lotus Institute of Haematology and Oncology Nashik
- MGM Hospital, Vashi
- Honorary Haematologist, Sion Hospital, Mumbai
- Ex. Haematologist-Bombay Hospital and Medical Research Center, Mumbai

For private circulation.

Newsletter Vol 5 issue 3, Nov 2014

Newsletter Nov 2014

Dear fellow Indians,

Let me wish you a very happy and prosperous Diwali and New Year. As always I thank you for your love and support to Lotus Hospital. I hope we give you even better services in years to come.

I present an interesting case of **Deep Vein Thrombosis**.

Case 1:

37 year old businessman was diagnosed with DVT and admitted to another hospital. His relatives brought his file and investigations for second opinion.

He had pain in right leg for 7 days prior to presentation to his family physician. His physician saw him and gave him 3 days of NSAIDs. He felt better for 1 day and again went back with swelling in the same leg. He was referred to a hospital after Doppler done showed deep vein thrombosis. Doppler report revealed acute thrombosis in femoral veins (all deep veins were involved).

He was admitted in ICU (as happens many times!!) and he was **thrombolysed**. He was also started on low molecular weight heparin (Clexane). He was advised **IVC filter** (this is an umbrella like device which is inserted and fixed in the IVC so that the clot from deep veins of the lower limb cannot reach the pulmonary vessels and hence a pulmonary embolism is prevented). He developed headache and vomiting followed by ? seizure after 2 days of thrombolysis and CT showed an 1.5 x2 cm intra **cranial bleed**.

He saw me after 14 days and in those days he underwent conservative management and on follow up scan 3 days after initial scan the lesion had not increased. He was started on warfarin 28 days after his initial presentation.

He was admitted again 8 months after his initial presentation with weakness and low haemoglobin. He was found to have **malena** and hence his had **anemia (Hb was 5.4)**. On admission his INR (prothrombin time) was high at 6.2! (it should be in range of 2-2.5) and hence his risk of bleeding was high. He was managed with blood transfusion and IV iron and was discharged 5 days later. He was restarted on warfarin and then he saw me 1 month later for further advice. When I saw him he was on Tab. Warf and Tab. Clopilet. He also had 4 **colour doppler** reports mentioning the percentage of clot remaining !!

What advice should I give him?

DVT is common disease and unfortunately the treatment depends by whom and where is it treated. In my last 5 years I have come across varied management patterns and little evidence based management, which has cause unnecessary discomfort and expense for our patients and their relatives. This case highlights some of the problems in managing DVT.



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