

International Conference on

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**Paget-Schroetter syndrome****Nauman Babar**

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**Introduction:** PSS refers to effort induced thrombosis of the axillary and subclavian veins due to repetitive strenuous activity of upper limbs. It accounts for 30-40% of spontaneous axillary-subclavian vein thrombosis and 10-20% of all upper limb DVTs. Its management differs greatly from all other causes of upper limb DVT and is primarily surgical.

**Case Report:** We report on a 42-year-old cabbie who presented to A&E with left arm swelling and erythema. He had been occupied for the past 2 weeks manually fixing his taxi and was otherwise healthy. Patient was initially diagnosed and managed as cellulitis and discharged. However, he presented again in a five day with worsening symptoms. Doppler Ultrasound scans revealed a basilic vein thrombus. CT thorax and MR Venography of the head demonstrated a left sided axillary, subclavian and brachiocephalic vein thrombus extending up to the left internal jugular vein into the sigmoid sinus. Patient had no risk factors of deep vein thrombosis and a negative thrombophilia screen. After vascular surgery, radiology and hematology input, he was discharged with lifelong anticoagulation and hematology follow up. We propose that this gentleman may have had a diagnosis of Paget-Schroetter syndrome and aim to highlight the importance of appropriate investigations for such patients to avoid long term complications of post thrombotic syndrome.

**Recommendation:** It is important to differentiate effort thrombosis from cellulitis in acute settings. American College of Chest Physicians guidelines should be considered while deciding the management plan for patients with UEDVT.

**Biography**

Nauman Babar has graduated from the prestigious institute of Khyber Medical College Peshawar. Currently he is working as a Core Medical Trainee in Queen Elizabeth Hospital Birmingham, United Kingdom.

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