

Extensive life-threatening thrombosis in a patient with heparin-induced thrombocytopenia and factor V Leiden mutation

A 67-year old man, receiving subcutaneous unfractionated heparin for 18 days was admitted because of femoral artery thrombosis. Biochemical analysis showed thrombocytopenia ($29 \times 10^9/L$) and a positive test for heparin-dependent anti-platelet antibodies. Heparin-induced thrombocytopenia (HIT) was diagnosed. Computed tomography (CT) showed extensive thrombosis (Figure 1). Doppler ultrasonography demonstrated venous thrombosis in both legs. The unfractionated heparin (UHF) was stopped and the patient was treated with danaparoid sodium followed by warfarin. A CT scan was repeated 14 days later (Figure 2). Further investigations revealed the presence of Factor V Leiden (FVL). FVL has been recently reported in 9.7% of HIT,¹ with no additive risk for thrombotic complications.¹

Francesca Pizzolo, Domenico Girelli, Oliviero Olivieri
Department of Clinical and Experimental Medicine,
University of Verona, Italy

Correspondence: Professor Oliviero Olivieri, M.D., Department of Clinical and Experimental Medicine, University of Verona, Policlinico G.B. Rossi, 37134 Verona, Italy. Phone/Fax: international +39.045.580111. E-mail: olivieri@cmib.univr.it

References

1. Lee DH, Warkentin TE, Denomme GA, Lagrotteria DD, Kelton JG. Factor V Leiden and thrombotic complications in heparin-induced thrombocytopenia. *Thromb Haemost* 1998; 79:50-3.

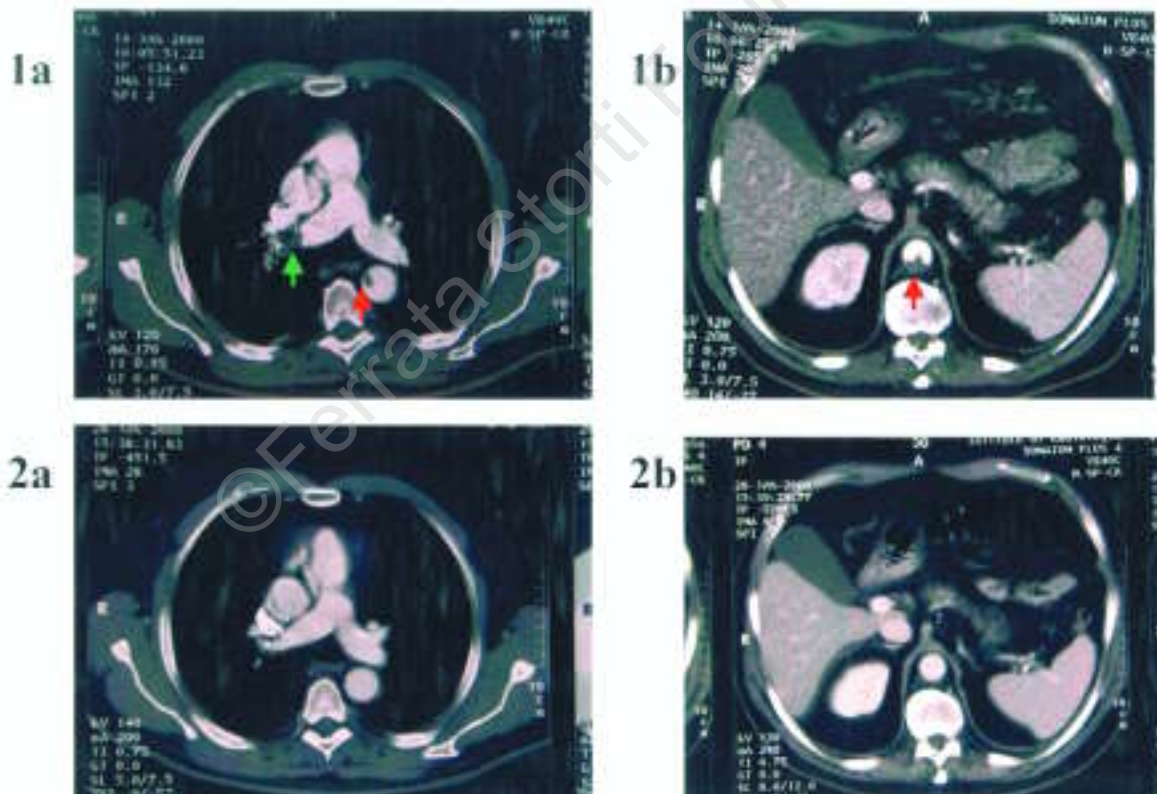


Figure 1. CT scan performed at admission. A. Thoracic section, showing: a floating thrombus in the thoracic aorta, (descending part, right side, red arrow); a large thrombus in the main branch of the right pulmonary artery, and a little thrombus in its distal branch (green arrows). B. abdominal section, showing a large thrombus of triangular shape in the left side of abdominal aorta (left side).

Figure 2. CT scans at the same section level of chest (A) and abdomen (B), performed 14 days after the withdrawal of heparin, showing resolution of thrombosis in both the systemic and pulmonary circulations.