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General/Vascular Surgery Second Opinion (short consultation)

Patient: xxxxxxxxxxxxxx

DOB: 07/03/1973

DATE: 03/15/2022

Discussion:

This patient presented with acute pain and swelling of the right lower leg and popliteal region. The clinical description enclosed is certainly suspicious for deep venous thrombosis of the popliteal or tibial veins. In the absence of more proximal edema, femoral or iliac DVT is highly unlikely.

Empiric treatment of presumed lower extremity DVT with LMWH therapy was appropriate given the clinical context, in the absence of any specific contraindications such as recent major surgery, gastrointestinal hemorrhage, or recent hemorrhagic stroke.

While immediate evaluation with a lower extremity venous Doppler scan would have been ideal, it was not entirely necessary for this patient, who had signs of below-knee DVT. Below-knee DVT, as opposed to more proximal, above-knee DVT, has a better prognosis and a lower risk of clot embolization with resultant pulmonary embolism.

Recommendations:

The adjunct recommendations by the physician (leg elevation, Venoruton gel, compresses) were also appropriate. I do not agree with the recommendation for strict recumbence, as ambulation is not contraindicated for DVT.

Questions:

Was there an antecedent history of trauma to the right leg? Any prior history of deep venous thrombosis (DVT) or hypercoagulable disorders? Does the patient use tobacco?

References:

[Chest 2005 May;127\(5\):1631](#)

[Chest 2012 Feb;141\(2 Suppl\):53S](#)

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-Electronically Signed by: , MD, Board Certified General Surgeon on 03/15/2022 6:15:36 PM

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