

Should a GP Ask For Tests in a Patient of DVT

OP Kapoor

DVT (Deep Vein Thrombosis) of the leg is extremely common in old bed ridden post operative hospitalised medical patients but it is uncommon in a normal moving around person.

How will you investigate? Oedema of one of the legs is the only symptom but there could be some pain and tenderness in the calf along the thrombosed vein. Rarely, slight redness, slightly superficial dilatation of the veins is seen in standing position. Blood test for D-Dimer should be sent and if elevated, confirms the diagnosis. Doppler studies with ultrasound are becoming very costlier and with all that thrombosis of some of the deep veins in the calf can be missed. Gadolinium MRI is the best imaging for picking up D.V.T., but is extremely costly. Peripheral eosinophilia might point to filarial aetiology.

If in a patient there is venous thrombosis of more than one site, that patient must be investigated to exclude cancer anywhere in the body. These investigations might include Imaging, Endoscopies, blood tests for tumour markers and finally PET CT Scan.

If the patient develops thrombosis of big veins like Ileo-femoral vein easily picked up by Doppler Sonography, then anti-coagulant therapy becomes very

important and is more important than thrombosis of the calf veins. More than 50% of these patients throw Pulmonary Emboli when the patient might complain of either chest pain on breathing or dyspnoea or tachypnoea (fast breathing).

Patient should be given Subcut. Heparin or the recent direct oral anti-coagulants like Rivaroxaban (Xeralto) for a period of 3 months. If such a patient has got systemic symptoms or patient is very well affording, do ask for following blood tests :-CBC, ESR, CRP, ANA, ANCA, Homocystein, Anti-phospholipid antibodies.

Only if unusual history is available and the patient is affording, blood test for Coagulation Profile which includes Anti Thrombin 3 Factor V Layden, APC resistance, Protein C, Protein S, Factor VIII, etc. should be asked. These tests are very costly and do not help in the management of the patient. Many doctors would like to give anti-filarial course which I do not mind.

Finally, in a poor patient with only slightly swollen leg and otherwise all normal tests, I might withhold 3 months anti-coagulants which are quite costly and give him only Aspirin 150 mg for 3 months and add anti-coagulants only if the swelling increases and spreads to thigh or he has early symptoms of Pulmonary embolism like any pleural chest pain or any breathing episode.

Ex. Hon. Physician, Jaslok Hospital and Bombay Hospital, Mumbai, Ex. Hon. Prof. of Medicine, Grant Medical College and JJ Hospital, Mumbai - 400 008.