

Simultaneous ovarian and renal vein thrombosis as a rare cause of postoperative pain after sigmoid colectomy

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INTRODUCTION

- Virchow's Triad: hypercoagulability, venous stasis, endothelial injury
- 40% increased risk of developing venous thrombosis with uncomplicated or complicated diverticulitis

CASE DESCRIPTION

- 62yo female without prothrombotic history presented for robot sigmoid colectomy with loop ileostomy after episode of perforated diverticulitis
- Severely inflamed sigmoid colon adherent to left pelvic side wall and inflamed rectum, mid rectum was used for anastomosis
- Two months later underwent uneventful ileostomy reversal
- Chemical and mechanical DVT prophylaxis utilized in both cases
- Presented to the ED with abdominal pain 2 weeks later
- Anticoagulation with Eliquis initiated for 6 months



DISCUSSION

- Prevalence of renal vein thrombosis
 - Most common cause: nephrotic syndrome
- Prevalence of gonadal vein thrombosis
 - Most common cause: malignancy
- Treatment for both: anticoagulation
- Recalling Virchow's triad in our patient's case
 - Endothelial injury from extensive inflammation requiring significant dissection and manipulation of uterus to mobilize rectum
 - Ovarian vein thrombosis propagated into renal vasculature

CONCLUSION

- Unusual cause of postoperative pain
- No conclusive data on discharging postoperative diverticulitis patients home with chemical DVT prophylaxis

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