

THROMBOPHLEBITIS

by Alice Ashmore |

We've all experienced the occasional Charlie horse, a cramp or twinge of pain in our legs that passes without incident. But what does a continuing pain, tenderness or swelling mean? In some cases it can mean real trouble and perhaps a life-threatening condition.

Blood clots claimed the life of NBC reporter David Bloom while he was embedded with U.S. troops in Iraq. Bloom, 39, died from a pulmonary embolism when a blood clot from his leg traveled to his lungs. Bloom spent many hours a day crouched in the cramped quarters of an army vehicle and developed deep vein thrombosis (DVT). Three days prior to his death, he had complained of pain behind his knee.

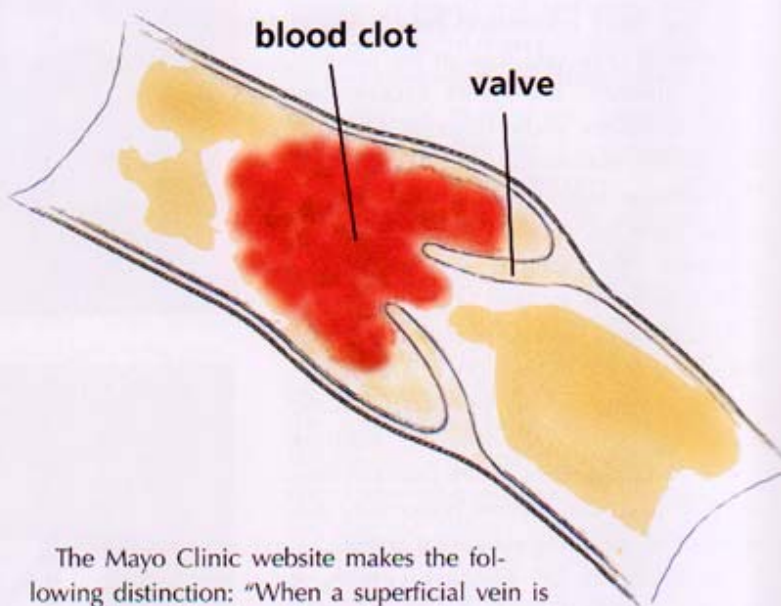
Professional football player Derrick Thomas, 33, of the Kansas City Chiefs died when he suffered an embolism attributed to blood clots. Thomas had been recovering in a Miami hospital after a car wreck left him paralyzed from the chest down.

These high-profile deaths have helped focus attention on thrombophlebitis; a common but serious illness.

What is thrombophlebitis? Pain and swelling in the legs from blood clots is called "thrombophlebitis" by the medical community. "The term 'thrombo' means clot, and 'phlebitis' means an inflammation of the blood vessel," says Fort Collins surgeon Steve Kaufman. These blood clots can involve either superficial or deep veins. The term "phlebitis" is often more familiar to the general public. On rare occasions, according to MayoClinic.com, thrombophlebitis can occur in the arms.

"The incidence of thrombophlebitis in the general population is close to 1 in 1,000 across the whole population," says Dr. Eric Stevens of Northern Colorado Pulmonary Associates. The occurrence of thrombophlebitis increases as people age, and odds grow to 2 in 1,000 per year for those over age 70.

Physicians become especially suspicious of thrombophlebitis when the pain and swelling is confined to one limb. "Sometimes a patient comes in with a warm, tender, and swollen leg. If it is only on one side that tells you something is going on," says Dr. Kaufman.



The Mayo Clinic website makes the following distinction: "When a superficial vein is affected, a red hard tender cord may be present just under the surface of the skin. When the deep veins are affected, the leg may become swollen or tender, most noticeably when you stand and walk..."

Ultrasound testing is usually employed to make the diagnosis of thrombophlebitis. In more complicated cases an MRI (Magnetic Resonance Imaging) scan or a CT angiogram is required.

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The Mayo Clinic

"Superficial clots often develop from blood pooling in a varicose vein. These are not the clots that are going to break loose and travel to the lungs. It's more an issue of pain and discomfort," says Dr. Robert Quaid of Northern Colorado Surgical Associates in Fort Collins. "In varicose veins, the stagnant blood causes clots to form."

Superficial clots are commonly treated with heat, compression, exercise and anti-inflammatory medication. "These clots usually resolve themselves with time," says Dr. Quaid. "Clinical studies suggest that up to 11 percent of individuals with superficial blood clots will progress to DVT," Dr. Kaufman notes.

Treatment of the clots can become more aggressive if they evolve into a condition called septic thrombophlebitis. "In these cases the vein becomes infected and often must be removed," says Dr. Kaufman.

Dr. Kaufman's vein surgery practice is comprised of 95 percent patients with superficial issues like varicose veins. "Deep venous thrombosis definitely impacts my general surgery practice." General surgeries account for about half of Dr. Kaufman's entire practice.

Deep Vein Thrombosis

Who is likely to develop the more serious condition of deep deep vein thrombosis? The risk for DVT can be inherited or attributed to a number of other factors. The National Heart, Lung and Blood Institute list the following as risk factors for DVT:

- Low blood flow in a deep vein due to injury, surgery or immobilization.
- Cancer and its treatment.
- The presence of varicose veins.
- Sitting for a long period of time—long trips via car or airplane.
- Pregnancy, especially during the first six weeks after giving birth.
- Being over age 60.
- Being overweight.
- Taking birth control pills or hormone replacement therapy.

The more risk factors you have, the greater your chances of developing DVT. "A panel of tests is available to determine if a patient has inherited risk factors," says Dr. Kaufman. Surgery, especially orthopedic surgery, can raise the risk of DVT. "Probably the most common scenarios for causing blood clots are when an IV has been placed in the ER, or in a surgery patient. The deep ones are typically associated with lack of mobility, including immobility caused by hospitalization or surgery," says Dr. Quaid.

Patients are now routinely fitted with compression devices on their legs during surgery for prevention of DVT. "We use SCD's (Sequential Compression Devices) that propel blood from the extremities back to the heart," says Dr. Kaufman. Dr. Quaid agrees, "Pumps on the legs are used pretty uniformly in surgery.

Symptoms of DVT can include:

- Swelling of the leg.
- Pain or tenderness, usually in one leg, that may only be present when standing or walking.
- A feeling of increased warmth and redness or discoloration in the area that is painful.
- Seek immediate medical help if these symptoms are accompanied by a fever, severe pain, and shortness of breath.

DVT occurs in young, healthy people if their legs are confined for a considerable length of time, say on an overseas flight. Travelers are urged to walk or exercise their lower leg muscles while sitting for extended periods of time. "At least every hour" is the recommendation of every physician interviewed for this story.

Dr. Kaufman recommends exercises like

foot flexes (think pressing the gas pedal) and alternating bringing each knee towards your chest if you are unable to get up and walk.

For couch potatoes and desk-bound office workers; your sedentary lifestyle or too many consecutive hours at a desk also put you at risk!

Pulmonary Embolism

The most serious complication of deep vein thrombosis is a pulmonary embolism. Amazingly, some people never know that they've had one. "They are definitely under-diagnosed," says Dr. Stevens.

"It's hard to get a handle on just how many occur per year," says Dr. Quaid. "We may be more keyed-in at times of higher risk." He estimates that 25 percent of surgical cases may have embolisms that are only recognized by a brief shortness of breath. "It's possible for an individual to have a 'silent' embolism and not realize what has happened to them."

However, most significant pulmonary embolisms are impossible to miss. "They are generally pretty dramatic," says Dr. Stevens. "The symptoms include shortness of breath, chest pain, and coughing up blood." Call immediately for emergency medical help.

"The initial treatment for a pulmonary embolism will be some sort of heparin—an anti-coagulation drug commonly referred to by the public as 'blood thinners' although they have no effect on the viscosity of the blood."

A diagnosis of DVT usually results in hospitalization, and after the initial diagnosis the typical patient is placed on an anti-coagulant like Coumadin or Warfarin for several months or perhaps for a lifetime.

Know the signs of blood clots in the legs and pay attention to your body. Inform your doctor of any unexplained leg pain, or changes that affect only one leg. It is also important to tell your physician of any personal or family history of unusual bleeding or clotting, especially if you are considering surgery.

What can you do to reduce your risk of thrombophlebitis? Walk more. "Use your legs, especially if you are in a risk category," says Dr. Quaid. Dr. Stevens seconds the advice. "Avoid obesity and stay active. Those are really the only risk factors you can control."



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