

Introduction

- Deep vein thrombosis (DVT) cardinally presents with an asymmetry of symptoms which involve swelling, warmth, and pain in the affected extremity.
- In this case, we have a paradoxical presentation in which a patient with no prior known risk factors for DVT
- Patient presented with significant heel pain, ascending leg paresthesia and numbness but without significant swelling or edema.
- This atypical presentation has either rarely or never been reported on in the literature previously.

Case History

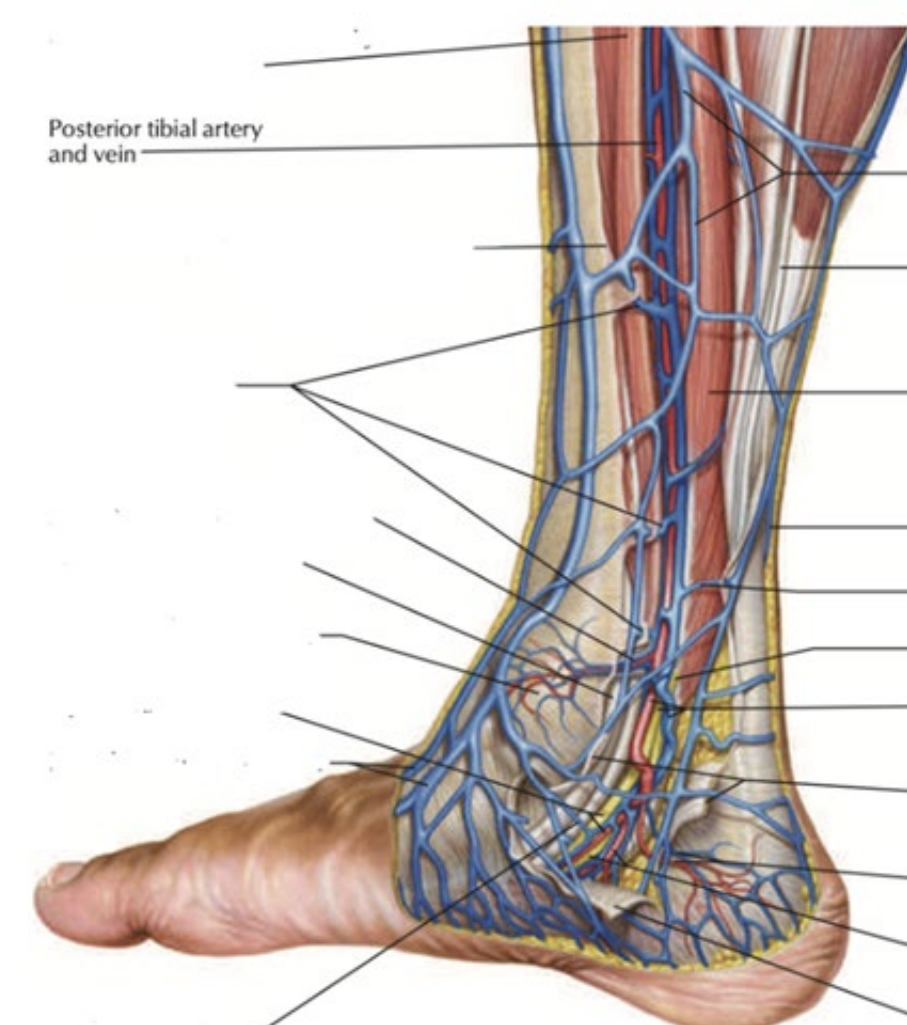
- 67 year old female with PMH of Hyperlipidemia and breast cancer in remission.
- Denied chronic medications, recent surgeries, travel, OCPs, or blood-clot history.
- Day 1, she woke up due to right heel pain.
- Day 2, pain extended to the posterior right ankle with paresthesia and numbness noted in the same area.
- Day 7, visited urgent care since the pain and numbness extended up to right mid-calf and shin with new onset ankle swelling.
 - Pain -minimal at rest but 8/10 with weight bearing.
 - Exam showed moderate right ankle swelling without erythema or weakness.
 - Heel x-ray was unremarkable.
 - Treated with prednisone for potential plantar fasciitis/tendonitis.

Case History (continued)

- Day 10, visited her PCP due to new numbness in right heel to knee posterolaterally, burning sensation to the medial anterior aspect of right leg, along with continuing symptoms.
 - On exam, mild right ankle swelling noted without erythema, numbness in a peroneal distribution, and tenderness from posterior right ankle extending superiorly to slightly above the medial ankle.
 - Differential included potential ascending neurological etiology, such as peroneal neuropathy, with low suspicion for DVT. EMG and Venous doppler ordered.

Diagnosis

- Lower extremity venous doppler revealed **acute occlusive thrombus in one of the paired posterior tibial veins in the right distal calf** and acute superficial thrombophlebitis, from great saphenous at ankle to mid calf.



Discussion

- The atypical clinical presentation and Wells Criteria for DVT would not have put this 67 year old female in a high risk category for DVT.
- The numbness could have been explained through hydrostatic edema secondary to the DVT or via direct mass effect from the thrombus onto the adjacent nerve which could possibly cause further nerve compression which may manifest as paresthesias and numbness distal to the location of the DVT.

Conclusion

- Overall, this case highlights the high sensitivity and specificity of a simple, non-invasive lower limb venous duplex studies in the setting of DVTs even when initial clinical suspicion is low.
- In patients with minimal risk factors of DVT, this atypical presentation could be useful to orient further investigation into a potential thrombus formation and intervene with treatment earlier.

References

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