

## Bilateral DVT Despite Therapeutic Anticoagulation: Tip of the Iceberg?

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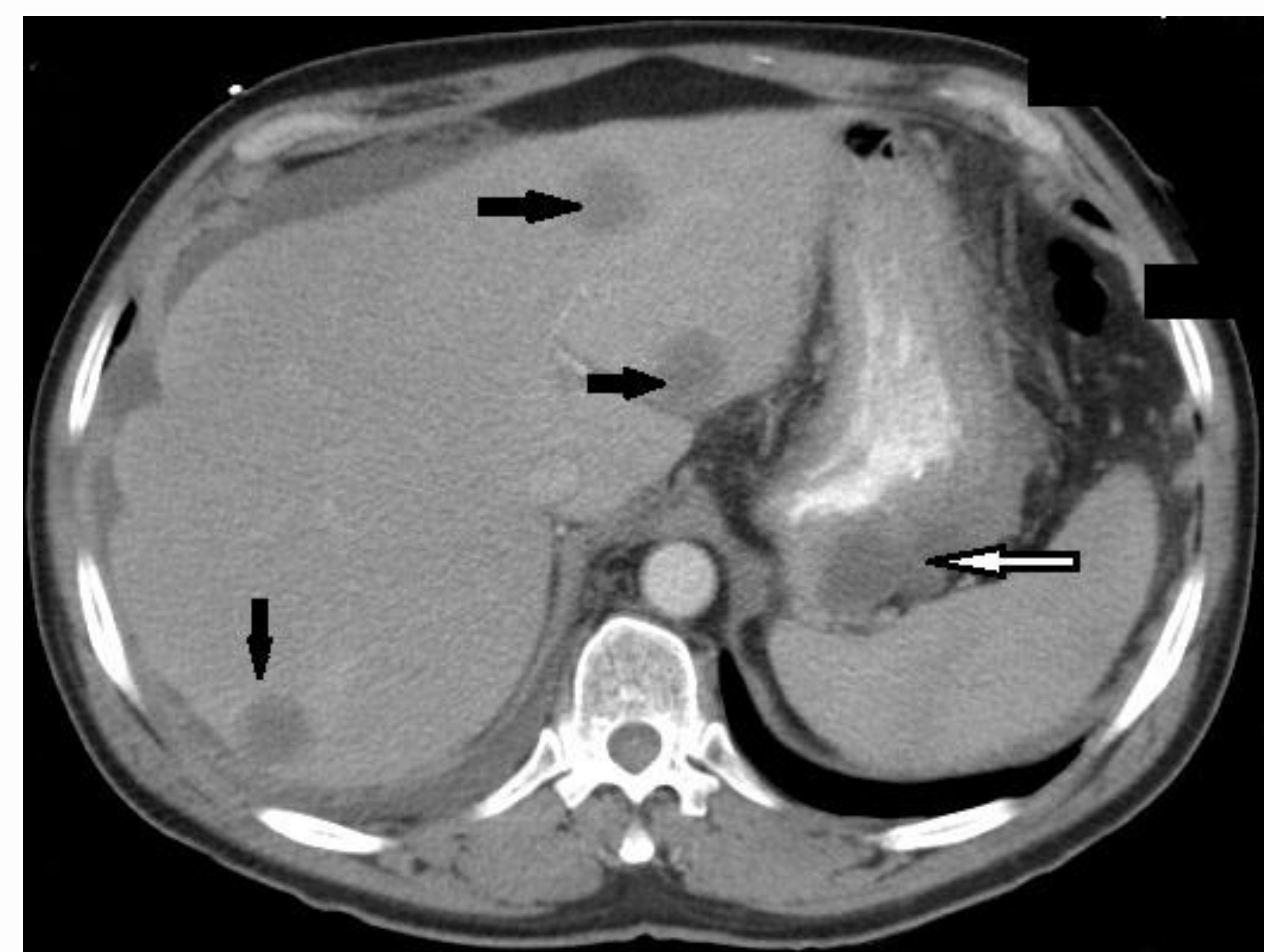
**Introduction:** Deep Venous Thrombosis (DVT) always has been linked reciprocally to malignancy. It even can be the first manifestation of malignancy. However, current guidelines recommend only age-appropriate cancer screening for patients with new unprovoked DVT, due to cost-effectiveness.

**Case Presentation:** A 49-year-old gentleman presented to the hospital for node ablation for his refractory atrial fibrillation. He had a history of mitral regurgitation status/post mitral valve replacement on warfarin with therapeutic INR. Other than palpitations, he denied other symptoms except for some discomfort in his calves and mild abdominal bloating. His physical exam and routine labs were unremarkable. Doppler of his lower extremities showed bilateral occlusive posterior tibial vein thrombosis. A comprehensive thrombophilia workup was negative. Although not indicated by current guidelines, CT scan of chest/abdomen showed a pancreatic head mass, with metastases to the liver. Biopsy showed a poorly differentiated pancreatic adenocarcinoma. The patient was started on therapeutic anticoagulation with enoxaparin. He refused chemotherapy. One week after discharge, he developed hypoxemia, along with progression of his thromboses, and passed away two weeks after discharge.

**Discussion:** Some types of DVT (e.g., bilateral leg DVT, primary upper extremity DVT, abdominal DVT, and DVT despite therapeutic INR) may be more commonly associated with malignancy<sup>1</sup> and warrant a more extensive malignancy workup on an individualized basis. Workup should always include thorough history and physical exam, routine labs, and chest X-ray<sup>2</sup>. Indications for more imaging or invasive procedures searching for occult malignancy need to be defined.



Pancreatic mass and central necrosis.



Pancreatic mass compressing gastric wall (white arrow). Black arrows show liver metastases.

### References

- 1) Tafur AJ, et al. The association of active cancer with venous thromboembolism location: a population-based study. *Mayo Clin Proc* 2011; 86(1):25-30.
- 2) Monreal M, et al. Occult cancer in patients with deep venous thrombosis. A systematic approach. *Cancer* 1991; 67(2):541-5.