Pregnant woman's thromboembolic disease

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Objective

To prevent thrombosis caused by stasis, parietal vein lesions, and hypercoagulable phenomena in the deep venous system and placenta, and its emboligenic potential.

Methods

Case report.

Results

This was a singleton pregnancy presenting at 38 weeks with bulky vulvo-vaginal varicosities and venous circulatory insufficiency treated with topical antithrombotic medication. Laboratory testing provided the following results: prothrombin time 12. 1 seconds, IP 120%, INR 0. 91, Hb 11 g/dL, leukocyte count 9. 9 x 10 to the 9th /L, platelet count 248. 000 /mcL, TMF and Rapid Plasma Reagin were negative, cholesterol 207. 6 mg/dL, triglycerides 304. 1 mg/dL. Therapeutic management included Panecil 1 gr peaces IV Ciprofloxacin 200 mg peaces IV, Ketone p. II, Fraxiparina 0, 4ui, p II., vitamins B1, B6, C, p. I. There was acute fetal distress in labour and a female fetus 3300g was born by cesarean section. Histopathological examination of the placenta showed frequent stem villosities of variable sizes with fibrous stroma and dilated vessels, some of which were thrombosed. There were areas of hemorrhagic necrosis alternating with areas of hematic intervillosity infiltrates. The umbilical vein was dilated and thrombosed.

Conclusion

The postpartum evolution was spectacular after addition of Vessel Due (Sulodexide) to the base treatment. The antithrombotic activity of sulodexide is due to inhibition of some coagulation factor and platelet aggregation and to activation of circulatory and wall fibrinolytic system.