

Phlegmatia Cærulea Dolens Complicated By Rhabdomyolysis

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68-year-old patient, with a history of arterial hypertension, admitted to the emergency department for pain in the left lower limb lasting for 8 hours. On physical examination, the limb was cold cyanotic, with edema extending from the foot to the thigh (figure 1). The popliteal pulse was very weak and the Homans sign was positive. Laboratory tests showed D Dimer at 1200 µg/L, creatinine at 210 µmol/l and creatine phosphokinase at 360 IU/l. Doppler ultrasound revealed a thrombosis of the common femoral vein extended to the external iliac vein. The arteries of the lower limbs were patent. The diagnosis of phlegmatia caerulea dolens complicated by rhabdomyolysis was made. The treatment was medical, combining rehydration with a saline infusion and heparin therapy (unfractionated heparin). The evolution was favorable, with normalization of renal function and disappearance of pain. The patient left the hospital after 15 days with treatment based on apixiban.

Phlegmasia caerulea dolens is secondary to venous obstruction leading to edema associated with signs of acute ischemia of a limb. This is due to an increase in compartmental pressure causing arterial damage [1].



Figure 1: Appearance of The Left Lower Limb Edematous And Cyanotic

Contributions

Hafedh Daly: Drafting/revision of the manuscript content, guiding literature review and writing process, including medical writing for contents.

Reference

1. Doleman B, Abayasekara K, Kirk J (2013) Phlegmasia caerulea dolens secondary to pelvic plasmacytoma and left femoral deep vein thrombosis. *Int J Surg Case Rep* 4: 825-827.

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