Postpartum Ovarian Vein Thrombosis: A Case Report

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Abstract
Ovarian vein thrombosis (OVT) is a rare, potentially severe complication of the postpartum. Its diagnosis is often difficult due to its misleading clinical presentation. We report the observation of a 38-year-old patient who presented a right iliac fossa pain with fever at ninth day of cesarean section. The diagnosis of OVT was established by the abdominopelvic CT scan. The patient was treated with antibiotic and anticoagulant with an improvement of her state.

Introduction
Ovarian vein thrombosis (OVT) is a rare postpartum complication [1]. This is a serious condition due to its possibility of extension to inferior vena cava and because of the risk of pulmonary embolism, whence the importance of a rapid diagnosis to initiate treatment [2]. We report a case of post-cesarean right ovarian vein thrombosis revealed by febrile pelvic pain in order to describe its clinical and radiological characteristics.

Observation
It was a 38-year-old female (gravida 2, para 2), who had a caesarean section for a breech presentation. On the ninth postoperative day, she felt right lower quadrant pain associated with a temperature of 38.5°C. Clinical examination showed a soft abdomen, a tenderness in right lower quadrant, without any palpable mass. The surgical incision was clean, so was the lochia, and the vaginal touch revealed a tenderness on the right side during uterine mobilization. The laboratory exam showed a high white blood cell count 13 100 / mm3 and CRP level of 108 mg / ml. Urine and vaginal samples for cytobacteriological examination were without abnormalities. Because of bowel gas, the abdominal and pelvic ultrasound was inconclusive. CT scan of the abdomen and pelvis allowed to diagnose a right ovarian vein thrombosis by showing a thick tubular structure with hypodense center, from the right latero-uterine region, extending along the right psoas muscle anterior face reaching the right renal pedicle (Figure 1a and 1b). The patient was transferred to the intensive care unit of Gynecology and Obstetrics Department for continuous hemodynamic monitoring, due to the high risk of pulmonary embolism. Anticoagulation was started with Enoxaparin 1 mg / kg twice a day and intravenous antibiotic composed of cefotaxime and metronidazole was prescribed. The clinical and biological infectious syndrome regressed after two days of treatment. The patient was discharged home ten days later with oral antivitamin K (Sintrom®), 3/4 tablet a day for six months. A coagulation test revealed no abnormalities. An abdominopelvic CT scan at six months of treatment showed a complete resolution of the thrombus of the right ovarian vein.

Discussion
Postpartum OVT is a rare complication which can threatening mother's life. Thrombosis extension to the inferior vena cava leads risk of pulmonary embolism and requires urgent management [3].

Austin reported a case of OVT for the first time in 1956 [4]. It is a rare complication that occurs preferentially during the first two weeks of postpartum, with an incidence of 0.05 to 0.18% deliveries [3]. According to Lerouge et al [3], its incidence after caesarean section was 0.42% and would be more likely in multipara with an average parity of 2.4 and a mean age of 30 years. Its pathophysiological mechanisms are unclear. Nevertheless, like all phlebitis, Virchow's triad would be the origin of this complication [2]. It combines 3 factors:
Thrombosis of the ovarian vein is a rare condition. Its clinical presentation is often misleading and can delay diagnosis and treatment. However, any postpartum fever associated or not with pelvic pain must be reminiscent of this diagnosis, especially if it resists treatment. However, any postpartum fever associated or not with pelvic pain must be reminiscent of this diagnosis, especially if it resists treatment. Therefore, any postpartum fever associated or not with pelvic pain must be reminiscent of this diagnosis, especially if it resists treatment. Therefore, any postpartum fever associated or not with pelvic pain must be reminiscent of this diagnosis, especially if it resists treatment. Therefore, any postpartum fever associated or not with pelvic pain must be reminiscent of this diagnosis, especially if it resists treatment. Therefore, any postpartum fever associated or not with pelvic pain must be reminiscent of this diagnosis, especially if it resists treatment. Therefore, any postpartum fever associated or not with pelvic pain must be reminiscent of this diagnosis, especially if it resists treatment. Therefore, any postpartum fever associated or not with pelvic pain must be reminiscent of this diagnosis, especially if it resists treatment. Therefore, any postpartum fever associated or not with pelvic pain must be reminiscent of this diagnosis, especially if it resists treatment.