

Phlegmasia cerulea dolens

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Báez-Herrera J. Phlegmasia cerulea dolens. Rev Soc Peru Med Interna. 2022;35(3):- .

<https://doi.org/10.36393/spmi.v35i3.683>



Figure 1.



Figure 2.

A 39-year-old woman diagnosed with locally advanced squamous cell carcinoma of the cervix and undergoing chemotherapy; was admitted to the emergency room for presenting a progressive increase in volume and stabbing pain of moderate intensity in the left leg, ten days of evolution. On examination, pallor, coldness and edema of the left lower limb were evident, with pain to the digitopressure of the calf. Venous Doppler ultrasound revealed deep vein thrombosis involving the superficial and deep common femoral vein, popliteal vein and soleus vein. Full anticoagulation was instituted. A week later, she presented a violet coloration of the left foot (Fig. 1 and 2) with increased pain. Arterial compromise was ruled out, with phlegmasia cerulea dolens being diagnosed as a complication.

Phlegmasia cerulea dolens, or “painful blue inflammation,” is a serious and rare complication of extensive acute venous thromboembolism, the characteristic presentation of which is ischemia of the affected limb due to increased venous pressure that causes the collapse of the arterial system. Clinically, there is pain, cyanosis and edema. The onset of symptoms can be gradual or fulminating, associated with loss of the limb. It occurs most frequently in the lower extremities and has been associated with procoagulant states, among these, 20% to 40% associated

with malignant neoplasms.¹ The diagnosis is clinical and Doppler ultrasound will allow us to confirm the presence of the thrombus and its extension. There is no standard treatment, and anticoagulation, endovascular or surgical thrombectomy, and local or systemic fibrinolysis may be used.^{2,3} The prognosis is poor and worsens with the progression of symptoms. Overall mortality ranges from 20% to 40%, particularly if gangrene is present. That is why the importance of the timely recognition of this entity is therefore important.

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Date of receipt: 26-07-2022.

Date of acceptance: 15-08-2022.

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