

# Deep vein thrombosis in pregnancy and postpartum

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**INTRODUCTION** - Pregnancy being a hypercoaguable state Certain conditions have been associated with the highest risk of pregnancy related DVT. These include inherited or acquired thrombophilias, a previous history of thrombosis, antiphospholipid syndrome, lupus, heart disease and sickle cell disease. The most important individual risk factor for VTE in pregnancy is a history of thrombosis. Fifteen percent to 25% of thromboembolic events in pregnancy are recurrent events. Thrombophilia is also associated with complications of pregnancy, including fetal loss, pre-eclampsia, intrauterine growth restriction, and placental abruption.

**CASE REPORT** - This is an interesting case of 31 years old G3P2L1IUFD1 with previous 2 LSCS With known case of chronic hypertension with history of Bilateral upper limb thrombosis in previous .she is ANA positive with mixed pattern and renal Doppler shows grade 1MRD.Bilateral upper limbs and lower limbs show normal dopplers study .she started on Tab.Nicardia 20mg QID,Tab.labet 100 mg BD,Inj.LMWH 0.4 s/c ,Tab.Aspirin 75mg OD. Decision to terminate the pregnancy at 36 weeks was taken

**CONCLUSION** - Thrombophilia increases not only the risk for maternal thrombosis but also the risk of poor pregnancy outcome. Require anticoagulation for the first 6 weeks postpartum.