

Aetiology

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The three factors described by Virchow over a century ago are still relevant in the development of venous thrombosis. These are: /uni25CF contact of blood with an abnormal surface (e.g. endothelial damage); /uni25CF abnormal flow (e.g. stasis); /uni25CF abnormal blood (e.g. thrombophilia). - There are many predisposing causes for VTE. These are listed in Table 62.2 . The most important factor is a hospital admission for treatment of a medical or surgical condition. Injury , especially fractures of the lower limb and pelvis, pregnancy and the oral contraceptive pill are other well - recognised predisposing factors. Endothelial damage is now known to be critically important. The interaction of the endothelium with inflammatory cells, or previous deep vein damage, renders the endothelial surface hypercoagulable and less fibrinolytic. Stasis is a predisposing factor seen in many of the conditions described in Table 62.2 , especially in the postoperative period, in patients with heart failure and in those with arterial ischaemia. -) and

(a) diagnostic venogram; (b) therapeutic Figure 62.30 Post-thrombotic leg demonstrating features of eczema, pigmentation and mild lipodermatosclerosis.

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Patient factors Age Obesity Varicose veins Immobility Pregnancy Puerperium High-dose oestrogen therapy Previous deep vein thrombosis or pulmonary embolism Thrombophilia (see Table 62.3) Disease or surgical procedure Trauma or surgery, especially of pelvis, hip and lower limb Malignancy, especially pelvic, and abdominal metastatic Heart failure Recent myocardial infarction Paralysis of lower limb(s) Infection In /f_l ammatory bowel disease Nephrotic syndrome Polycythaemia Paraproteinaemia Paroxysmal nocturnal haemoglobinuria antibody or lupus anticoagulant Behçet's disease Homocystinaemia