An 83-year-old man with a recent history of thyroid carcinoma presented with sudden pain and swelling of the left leg with bluish discoloration and livedo reticularis throughout. Two days before admission, swelling of the left lower extremity developed, and the diagnosis of partial left femoral vein thrombosis was confirmed by venous duplex ultrasonography and compression ultrasound. Anticoagulation with low-molecular-weight heparin and oral warfarin was initiated, and the patient was discharged home receiving maintenance anticoagulant therapy and wearing compression stockings.

On arrival, the patient’s arterial blood gas analysis and 12-lead ECG were normal. His blood pressure was 127/78 mm Hg, pulse rate was 84 bpm, and respiratory rate was 16 breaths per minute. His international normalized ratio was 1.2 (normal range, 0.8–1.2) and D-dimer level was 2530 μg/L (normal range, <190 μg/L). On physical examination, the left leg was markedly swollen, violaceous, painful, tender, and slightly warm up to the inguinal regions (Figure 1). Compression ultrasound was performed again, and an occlusive thrombus was visualized from the left common iliac vein to the calf veins (Figure 2). A diagnosis of phlegmasia cerulea dolens was made, and to prevent potential irreversible venous gangrene and subsequent limb loss, the patient underwent catheter-directed thrombolysis combined with thrombectomy and showed subsequent symptomatic improvement. Seven days later, during oral anticoagulation therapy, the limb discoloration was entirely resolved (Figure 3), and recanalization of the limb vessels was apparent on power Doppler (Figure 4).

Phlegmasia cerulea dolens is a rare syndrome caused by diffuse venous thrombosis that is characterized by sudden
pain, swelling, purple ecchymosis, and arterial ischemia with loss of distal pulses. The so-called blue phlebitis is an often fatal form of venous thrombosis and frequently results in shock, venous gangrene, pulmonary embolism, and death. To make the correct diagnosis, 4 cardinal signs are necessary: edema, violaceous discoloration, pain, and severe venous outflow obstruction. Risk factors include malignancy, femoral vein catheterization, heparin-induced thrombocytopenia, antiphospholipid syndrome, surgery, heart failure, and pregnancy. Currently, although randomized trials are not still available and guidelines for treatment are still not clearly documented, 3 therapeutic options are advocated alone or in combination: anticoagulants, thrombolytic therapy, and venous thrombectomy. This case demonstrates that a rapid, aggressive, multimodal approach to phlegmasia cerulea dolens can be also used in the elderly population and can result in successful limb salvage. Finally, prospective studies are needed to establish the best treatment options in these patients; however, pending long-term follow-up, a highly individualized approach is recommended to treat these patients.

Disclosures
None.

References
Phlegmasia Cerulea Dolens
Nicola Mumoli, Claudio Invernizzi, Riccardo Luschi, Giovanni Carmignani, Alberto Camaiti and Marco Cei

_Circulation_. 2012;125:1056-1057
doi: 10.1161/CIRCULATIONAHA.111.051912

_Circulation_ is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2012 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/125/8/1056

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in _Circulation_ can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to _Circulation_ is online at:
http://circ.ahajournals.org//subscriptions/