Preface xi
Steven R. Deitcher

Debate #1: Calf Deep Venous Thrombosis Should be Treated with Anticoagulation 1157
Steven R. Deitcher and Joseph A. Caprini

A 50-year-old man with hypertension presents with a 2-day history of right calf swelling and pain. Venous duplex ultrasound reveals a right soleal vein thrombosis. He denies history of bleeding, renal disease, and symptoms suggestive of pulmonary embolism. Physical examination is unrevealing except for calf tenderness, redness, warmth, and swelling. He is ambulatory. A decision is made to treat the calf deep venous thrombosis with anticoagulation.

Debate #2: Young Patients with Iliofemoral Deep Venous Thrombosis Should Receive Thrombolytic Therapy 1165
Felipe Navarro and Steven Dean

A 20-year-old otherwise healthy woman on oral contraceptive pills presents with sudden-onset left leg swelling and pain extending from her calf to her groin. Pulmonary embolism symptoms are lacking. Venous duplex ultrasound reveals acute deep venous thrombosis involving the distal external iliac, common femoral, superficial femoral, and popliteal veins. Her leg is markedly swollen, slightly cool to the touch, but has preserved pedal pulses. She is unable to ambulate secondary to pain. Thrombolytic therapy to eliminate the deep venous thrombosis is recommended.

Debate #3: Patients Undergoing Surgical Resection of Primary Brain Tumors Should Receive Pharmacologic Venous Thromboprophylaxis 1179
Susan M. Begelman and David Green

A 58-year-old woman presents with headache, mental status changes, and new-onset generalized seizures. MRI of the brain
reveals a frontoparietal enhancing mass lesion suggestive of glioblastoma multiforme. Craniotomy for diagnosis, debulking, and likely placement of chemotherapy-impregnated wafers is planned. Venous thromboprophylaxis is prescribed.

Debate #4: Patients with Inferior Vena Caval Filters Should Receive Chronic Thromboprophylaxis
Marcelo P.V. Gomes, Karen L. Kaplan, and Steven R. Deitcher

A 32-year-old man with testicular carcinoma is diagnosed with an acute left leg deep venous thrombosis during his fourth cycle of combination chemotherapy. Because of anticipated moderate to severe thrombocytopenia, anticoagulation is initially avoided and an interior vena cava filter is placed to prevent pulmonary embolism. After completion of all chemotherapy he is deemed to be in remission and anticoagulation is begun. The optimal duration of anticoagulation in this patient is pondered.

Debate #5: Should Patients on Warfarin for 3 Months for Idiopathic Proximal Deep Venous Thrombosis Receive Bridging Therapy Precolonoscopy (with Expected Biopsy)?
Daniel J. Brotman and Scott Kaatz

A 63-year-old woman presents to discuss periprocedure anticoagulation management. She has been on oral warfarin with an international normalized ratio between 2 and 3 for the past 3 months because of an idiopathic left popliteal vein thrombosis. A colonic polyp was identified during her purely diagnostic colonoscopy performed as part of her age- and gender-appropriate cancer screening. Immediate repeat colonoscopy with polypectomy is recommended. The clinician is asked to provide periprocedural anticoagulation recommendations.

Debate #6: A Positive in Vitro Assay is Required to Diagnose Heparin-Induced Thrombocytopenia
Kandace Kottke-Marchant and Franklin A. Bontempo

A 57-year-old woman is admitted for coronary artery bypass graft surgery. She has had a recent coronary angiogram (with heparin exposure), which revealed high-grade stenoses of the left anterior descending coronary artery, right coronary artery, and left circumflex artery. The preoperative platelet count is 300,000/µL. Heparin is administered during cardiopulmonary bypass. The platelet count on postoperative day 1 is 160,000/µL and on postoperative day 6 it is 60,000/µL. Heparin-induced thrombocytopenia is suspected and heparin-induced thrombocytopenia assays are ordered.
Debate #7: Estrogen-Containing Oral Contraceptives are Allowable in Young Women with Factor V Leiden Heterozygosity Without a History of Thrombosis
Marie M. Budev, Majed Abu-Hajir, Steven R. Deitcher, and Marcelo P.V. Gomes

An 18-year-old woman without significant past medical and surgical history presents to discuss the safety and efficacy of oral contraceptives. She is sexually active and currently relying on condoms alone for birth control. Her cousin had a deep venous thrombosis following a pregnancy. As part of the family screening, this patient was identified as a factor V Leiden heterozygote. The risks and benefits of initiating oral contraceptives are discussed.

Debate #8: Comprehensive Hypercoagulable State Testing is Indicated in Patients with a First Idiopathic Deep Venous Thrombosis
Douglas A. Triplett and John A. Penner

A 45-year-old man presents with a 3-day history of right leg swelling and pain. He is diagnosed with an acute right common femoral vein thrombosis. He takes no medications, has an unremarkable medical history, no recent trauma or surgery, no recent travel, and no known cancer. Performance of a comprehensive hypercoagulable state panel is contemplated.

Debate #9: Patients with Acute Pulmonary Embolism Should Have an Echocardiogram to Guide Treatment Decisions
Amjad AlMahameed and John R. Bartholomew

A 62-year-old man with a past medical history notable for hypertension, osteoarthritis, and calf deep vein thrombosis at age 55 following a total hip arthroplasty presents to the emergency department with acute-onset dyspnea and right-sided pleuritic chest pains. His medications consist of a calcium channel blocker and a COX-2 inhibitor. Pretest clinical suspicion for pulmonary embolism is high. Ventilation and perfusion lung scintigraphy are interpreted as being high-probability for pulmonary embolism. The nurse asks if a stat transthoracic echocardiogram should be ordered.

Cumulative Index 2003