Inflammatory Bowel Disease and Thromboembolism: Is Inflammation at the Centre of the Clot?

Abstract:

Thromboembolic events are well recognised in patients with inflammatory bowel disease (IBD). We present three cases which highlight the need for vigilance with respect to this complication. We also propose that consideration be given to re-evaluating disease activity in those patients who develop thromboembolic complications.

Case Report

Case 1

A 27 year old male with a history of ulcerative colitis was referred to the dermatology clinic with a three week history of painful ulcers on the extensor surface of his left leg. (Figure 1) Histology supported the diagnosis of pyoderma gangrenosum. His colitis was subjectively well controlled. When marked swelling of the affected leg occurred, doppler ultrasound confirmed deep venous thrombosis (DVT). A colonoscopy confirmed active colitis despite the absence of symptoms. He will discontinue warfarin after 6 months assuming his IBD has been adequately controlled.

Figure 1: The 2 ulcers on the extensor surface of the left leg in keeping with pyoderma gangrenosum

Case 2

A 48 year old female with longstanding Crohn's disease presented with left leg swelling. She had a history of two recent pregnancies by in vitro fertilisation (IVF) without thrombotic complications. In the weeks prior to her presentation she had up to 15 bowel motions daily. Doppler ultrasound confirmed occlusive thrombus in the left superficial femoral vein. She was treated with tinzaparin rather than warfarin as there was a concern about bleeding in the context of her active IBD. At follow up two weeks later, increased swelling and pain was reported. A further doppler ultrasound confirmed extension of the thrombus. She was referred for percutaneous catheter directed venous thrombectomy and a stent was placed in the left iliofemoral vein. As the optimum duration of anticoagulation in this situation is unknown she continues on tinzaparin.

Case 3

A 27 year old male with a history of ulcerative colitis was referred to the dermatology clinic with a three week history of painful ulcers on the extensor surface of his left leg. (Figure 1) Histology supported the diagnosis of pyoderma gangrenosum. His colitis was subjectively well controlled. When marked swelling of the affected leg occurred, doppler ultrasound confirmed deep venous thrombosis (DVT). A colonoscopy confirmed active colitis despite the absence of symptoms. A doppler ultrasound confirmed occlusive thrombus in the left common femoral vein. He is being maintained on long-term anticoagulation given a second unprovoked thrombotic episode. A re-evaluation of his ulcerative colitis, for symptoms. A doppler ultrasound confirmed extension of the thrombus. She was referred for percutaneous catheter directed venous thrombectomy and a stent was placed in the left iliocaval segment: midterm results of thrombolysis and stent placement. J Vasc Interv Radiol 2007;18:243-50.