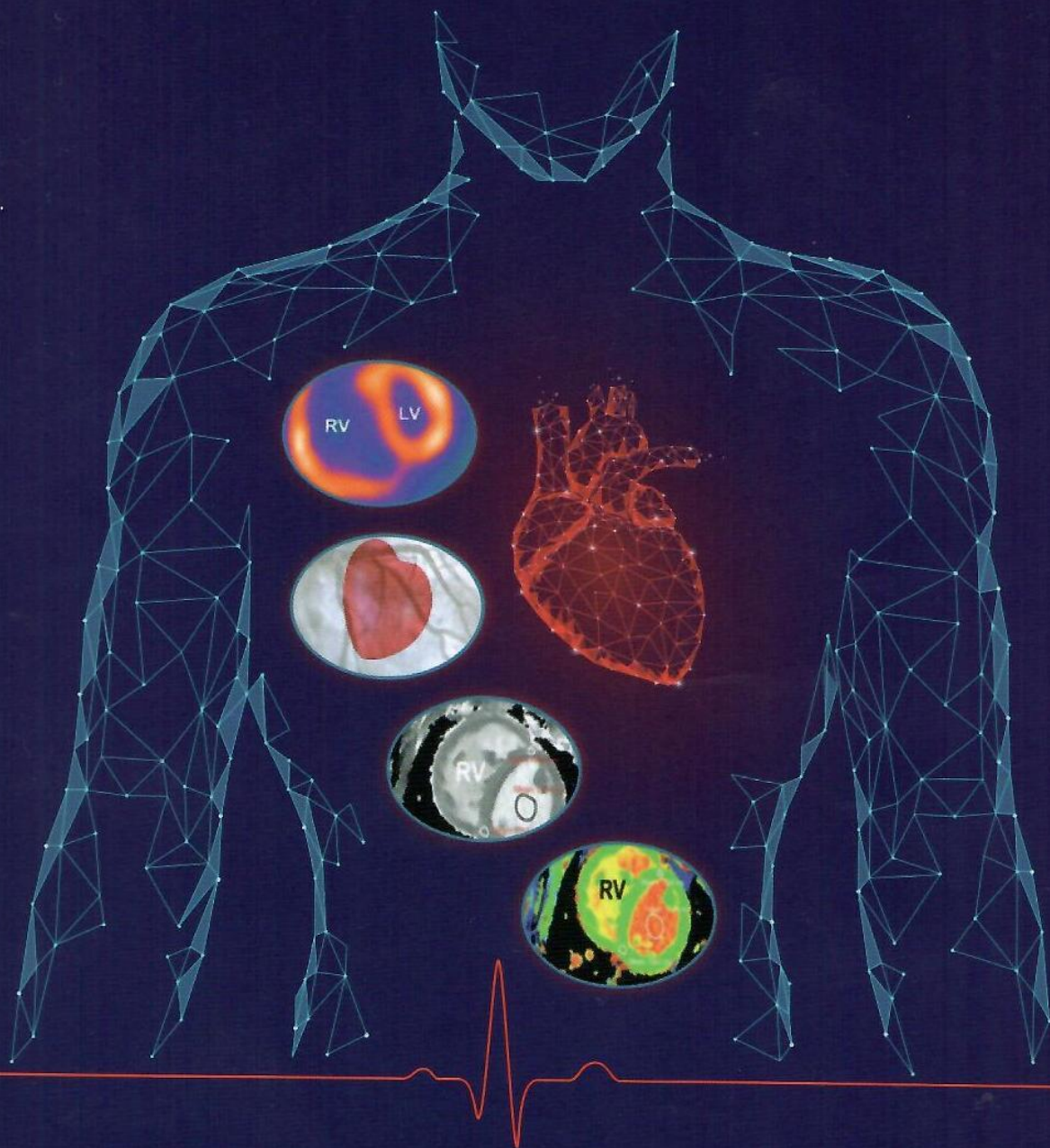




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ABSTRACT BOOK



**04-06 November 2022,
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PAGET SCHROETTER SYNDROME -CASE REPORT

N. Kostova¹, M. Otljanska¹, B. Zafirovska-Taleska¹, I. Kostov²,
V. Adova¹, E. Caparoska¹, H. Taravari¹, E. Vraynko¹, A. Fazliu¹

¹University Clinic of Cardiology Skopje,

²University Surgery Clinic "St Naum Ohridki" Skopje

Introduction: Paget-Schroetter syndrome (PSS) is a primary effort-induced deep venous thrombosis of the subclavian-axillary vein complex occurring after repetitive and vigorous use of the shoulders and arms. It is the venous variant of thoracic outlet syndrome associated with compression of the subclavian vein at the thoracic outlet. PSS is more commonly seen in younger male athletes (20s and 30s) on the right side with a incidence ranges from 1 to 2 per 100,000 individuals per year. Treatment begins with anticoagulation and may include catheter-directed thrombolysis, pharmaco mechanical thrombectomy and surgical decompression. Complications as pulmonary embolism, post-thrombotic syndrome and recurrent thrombosis could be avoided by early diagnosis and adequate treatment. **Case report:** 27 years old male patient was presented with swelling and pain in the right arm. Arm was tense, cyanotic and enlarged compared to the contralateral side. Symptoms occurred after weightlifting. Ultrasonography confirm thrombus in the axillar vein. D dimer value was high 9492 ngr.ml. We started with initial bolus of intravenous heparin and decided to switch to oral factor X a inhibitor Rivaroxaban 15 mg bd for 21 day followed by 20 mg once per day. After 7 days ultrasound confirmed thrombus organization and recanalization, d-dimer value dropped to normal and patient was dismissed. Laboratory workup included a thrombophilia panel and multiple gene disorders were confirmed. Six months follow up confirmed successful thrombus recanalization and arm function restoration. **Conclusion:** PSS was accompanied with coagulation disorder in 67 % of cases according several studies. The duration of anticoagulation in patients with underlying hypercoagulability disorders remains unclear. Oral treatment with factor X a inhibitor is successful as curative and prophylactic choice.

Key words: Paget-Schroetter syndrome

