A 70-year-old woman complained of sudden-onset dyspnea. Multiple pulmonary emboli (PE) were found on both sides (Picture 1). No thrombus was observed in the lower extremities, however, her left internal jugular vein was occluded just distal to the site of bifurcation (Picture 2A, B). Two weeks of optimal anticoagulation therapy resulted in the complete resolution of the thrombi (Picture 2C, D). No causative disease or predisposition for thrombus formation was detected, therefore, the etiology was considered to be idiopathic.

Upper extremity deep vein thrombosis (DVT) is observed much less frequently than lower extremity DVT, being involved in approximately 4% of all DVT cases (1). The majority of thrombotic etiologies on upper extremity DVT are of secondary origin, which includes malignancy, indwelling central venous catheters, coagulation disorder, surgery, and drug usage (2). This case suggests that internal jugular vein thrombosis may occur idiopathically and precede PE. Therefore, careful attention is needed to avoid underdiagnosis.

The authors state that they have no Conflict of Interest (COI).
References


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