

# BEWARE THE DUSKY TOE: A CURIOUS CASE OF THROMBOEMBOLISM IN PREGNANCY

DR CARLA PECORARO<sup>1</sup>, DR LAUREN MOLL<sup>2</sup>, DR LILANTHA WEDISINGHE<sup>1</sup>, DR VISHWAS RAGHUNATH<sup>2</sup>  
<sup>1</sup>IPSWICH HOSPITAL OBSTETRICS AND GYNAECOLOGY  
<sup>2</sup>IPSWICH HOSPITAL OBSTETRIC MEDICINE

## *Background*

Pregnancy is associated with increased incidence of thromboembolic disease due to its hypercoagulable state.

## *Case*

A 30-year-old woman, G3P2, at 36 weeks' gestation, was admitted for investigation of a dusky, cool to touch, and mottled fifth digit on her right foot (Figure 1). Whilst being investigated, she went into labour and proceeded to an emergency caesarean due to two previous caesarean sections.



Figure 1: Clinical Picture



Figure 2: CT Angiogram finding

## *Results*

Extensive investigations were ordered in the antepartum and postpartum period, including blood cultures, autoimmune, thrombophilia and vasculitis screening, transthoracic and transoesophageal echocardiograms, ultrasonography for venous flow and XRAYs: these were all unremarkable. On advice from the Vascular Surgery team, a CT Angiogram from the Aorta to the digits was ordered and identified the culprit: a 12mm eccentric partially occlusive right popliteal artery thrombus (Figure 2). It was unclear if the clot was formed de novo from the popliteal artery or if it represented an embolus itself. She was started on a treatment dose of enoxaparin and her symptoms resolved.

## *Discussion*

Discussion: Thromboembolic disease can manifest in many ways during and after pregnancy. A dusky toe is an example that demands prompt recognition, investigation, and treatment.