Thrombosis in a paediatric patient.

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INTRODUCTION:

Pediatric patients have a significantly lower incidence of deep vein thrombosis (DVT) than to do adults. Most paediatric in-patients with significant trauma and sepsis are not subject to routine DVT screening.

REPORT:

Our case involves a 9-year-old child who allegedly had his right leg stepped on by her sister and developed pain, swelling, and fever. His right leg had a cellulitis, and a plain X-ray of it showed an undisplaced fracture over the distal right tibia (Salter Harris Type 2).
Patient received conservative treatments in the ward, including an above knee backslab and IV cloxacillin.

He became more unwell throughout the course of treatment, developing a temperature, tachycardia, and a significant swelling and pain over his right leg. The cobblestone appearance and popliteal vein thrombosis were detected during ultrasound and ultrasound Doppler scan procedures.

The patient received mechanical treatment and was not given any DVT medications. After spending two weeks in the ward, we repeated the Doppler scan and the scan revealed no evidence of thrombosis any longer. The patient was able to be discharged once his cellulitis had cleared up and throughout follow-up, he was in good condition with no signs of the recurrence.

CONCLUSION:

In trauma and sepsis, there's still a chance that a paediatric in-patient will develop DVT. For the diagnosis of a deep vein thrombosis, a thorough clinical evaluation of paediatric inpatients is crucial. As a reliable method for diagnosis confirmation, ultrasound imaging can be performed. It is possible to avoid thromboembolic complications with appropriate and prompt treatment. When treating for such patients, the possibility for septic emboli should be considered.

REFERENCES:

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