Haematology

9.1 DVT

Deep vein thrombosis is a common potentially life threatening problem, as the majority Pulmonary Emboli originate from the deep veins of the lower limbs..

- They are classically difficult to diagnose clinically as the sensitivity and specificity of the clinical signs is at most only 50%.
- Therfore it is necessary to stratify the risk of DVT in any particular case based on the history and examination.
- The Wells criteria does this and divides the patients into 3 levels of risk

Wells Criteria

Clinical Feature	**Score**
Active Cancer (treatment on going or within previous 6 months or palliative)	1
Paralysis, paresis or recent plaster immobilisation of lower extremity	1
Recently bed ridden for more than 3 days or major surgery within 4 weeks	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swollen	1
Calf swollen by more than 3 cm when compared to asymptomatic leg	1
Pitting oedema (greater in the symptomatic leg)	1
Collateral superficial veins (not varicose)	1
Alternative diagnoses as likely or more so than deep vein thrombosis	-2

Clinical probability calculated as follows: High (3); Moderate (1 or 2); Low (0)

D-Dimer levels further enables improvement in the pre-test probability to allow safe discharge in some and the use of Doppler Compression Ultrasound in others to confirm the diagnoses. This is the basis for the CDU protocol for DVT.

If you suspect a patient has a DVT please discuss the case with the CDU Fellow.

9.2 Sickle cell crisis

Not a common A & E problem, but it should be suspected in an acute illness in non-Caucasians, particularly following a period of relative hypoxia (GA, high altitudes or flying). Involve an A & E senior and haematology early. The mainstay of treatment is IV hydration and analgesia.