Abstract

Trousseau's syndrome, is defined as a syndrome of malignancy related spontaneous, recurrent or migratory thrombophlebitis (deep or superficial) which occurs secondary to hypercoagulability of blood. Venous thrombosis is usually considered to be most common, but rarely arterial thrombosis has been reported in these patients. Trousseau's syndrome has been commonly described in association with mucin producing adenocarcinomas of the lung and pancreas, where the mucin produced by the tumor react with leukocytes and platelets to form platelet rich micro-thrombi leading to blood hypercoagulability.

We present a case of a cerebro-vascular accident (CVA) diagnosed to have Trousseau's syndrome due to an ovarian carcinoma with concomitant arterial and venous thrombosis. This case highlights the importance of evaluating for secondary causes of thrombophilia in a patient presenting with stroke without conventional risk factors. Although there are case reports on venous thrombosis and myocardial infarction, presence of extensive thrombosis with Trousseau syndrome is rare.
A53-year-old unmarried woman who was previously healthy presented withsudden onset left sided face-arm-leg weakness and slurring of speech. Examinationrevealed left sided face-arm-leg weakness with moderate free fluid in the abdomenwithout any organomegaly or lymphadenopathy. She was tachycardic and heroxygen saturation on air was 85%.
Upon investigations she was found to have multiple emboli in bilateral pulmonaryarteries with a thrombus in the cardiac apex and ultrasonography of the abdomenrevealed a mass arising from the left ovary measuring 2.5cm*3.2 cmconfirmed byCECT withmoderate free fluid in the abdomen. She was diagnosed to haveTrousseau's syndrome with multiple arterial and venous thrombosiscomplicatingovarian carcinoma and initiated on anticoagulation. She was then referred foroncological management where she underwentstaging laparotomy which showedovarian carcinoma of left ovary with serosal involvement and multiple peritonealmetastasis and miliary deposits over the liver and omentum.She underwenttransabdominalhysterectomy with bilateral salpingo-oophorectomy and infra-colicomentectomy. She was started on chemotherapy while continuing anticoagulationand dual antiplatelet therapy. The histology revealed adenocarcinoma of the ovary.