Abstract

Polycythemia Vera (PV) is a stem cell disorder which is characterized by elevated absolute red blood cell mass because of uncontrolled red blood cell production. Patients with polycythemia Vera are at high risk for arterial and venous thrombosis including cerebral and myocardial infraction. Here, we present a case of a patient with PV, who had history of NSTEMI with severe left ventricular dysfunction and multiple cerebral infract (1).

This patient had a history of hyperviscosity symptoms, bleeding manifestations and evidence of multiple thromboembolism. Hemoglobin (21.4 g/dl), hematocrit (66.8%), and red cell number (8360000/ul) were high. JAK2 V617F was not detected but bone marrow biopsy revealed trilineage hypercellularity without fibrosis due to myeloproliferative disorder (polycythemia Vera).

Diagnosis of PV requires the all three major criteria or first two major criteria and a minor criterion. Our patient had two major criteria with evidence of thromboembolism at presentation. Though the JAK2 mutation is present in 95% diagnosed cases of PV, here it was not detected. The decision for phlebotomy, starting dual antiplatelet and hydroxyurea was made to prevent further thrombotic events. With these measures outcome was excellent (2).