

Abstract

Polycythemia rubra vera(Polycythemia vera/ PV) is one of the myeloproliferative disorders which is characterized by increased red cell mass. Polycythemia vera patients have higher risk for arterial and venous thrombosis compared to patients with other myeloproliferative disorders. Moreover arterial or venous thrombosis leads to the diagnosis of polycythemia vera often just like in our patient. The treatment goal in such patients is reducing the risk of thrombosis by reducing the hematocrit by < 45%. That is achieved by phlebotomy and cytoreductive therapy such as hydroxyurea. Here I have presented a case of polycythemia vera complicated with right lower limb arterial thrombosis and portal vein thrombosis.

56 year old farmer presented with right calf intermittent claudication for 2 months duration with intermittent dizziness and vertigo. He was plethoric, his right side lower limb arterial pulses were absent up to right femoral artery with right 4th and 5th toe dry gangrene and had mild splenomegaly also . Investigations revealed polycythemia with thrombocytosis, right common iliac, femoral artery and portal vein thrombosis. Later JAK 2 mutation also became positive and he was diagnosed to be having polycythemia vera with arterial and venous thrombosis. He was treated with phlebotomy, cytoreductive therapy and anticoagulation with warfarin and he clinically improved with treatment.