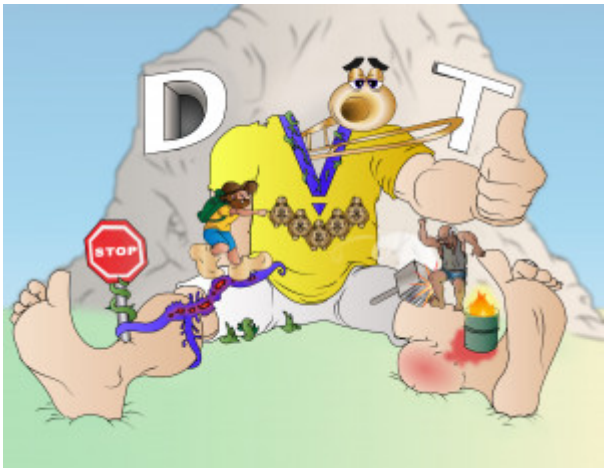
Deep Vein Thrombosis (DVT) Characteristics

Deep vein thrombosis (DVT) is a serious complication in patients with specific risk factors. Patients who fulfill any part of Virchow's triad may develop DVT, which presents as redness, swelling, warmth, tenderness and a positive Homan's sign. Often, patients can be asymptomatic.



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Mechanism

Virchow's Triad
V-of-chows Triangle
Virchow's triad describes the interplay of three processes resulting in venous thrombosis; venous stasis, endothelial damage and hypercoagulability.

Venous Stasis
Vines Stop-sign
Venous stasis, or a decreased blood flow rate, can lead to deep vein thrombosis. Patients who are bedridden, postoperatively immobile, or those who are immobile for a relatively long period of time (plane ride), can develop a DVT.

Endothelial Damage
Inner-layer Damaged
Changes to the vessel wall, such as endothelial damage, can lead to thrombosis. Endothelial injury leads to a cascade of platelet repair, which can further incite the coagulation cascade.

Hypercoagulability
Hiker-clogs
Patients who are hypercoagulable, such as those with familial diseases or who are just beginning warfarin (before it works as a blood thinner), have increased risk for DVT.

Symptoms

Tenderness
Tenderizer
Those who develop DVT can complain of tenderness at the site of thrombosis.

Homan's Sign
Homeless-man showing Homan-sign
Homan's sign is described by tenderness occurring from dorsiflexion of the effected foot.

Warmth
Warm-fire
The site of thrombosis may become warm.

Redness
Redness
Redness, or rubor, may also develop at the site of thrombosis.

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Swelling

Swelling

Many patients display swelling at the site of pathology. Often the calf or thigh is greatly enlarged.

Asymptomatic

Thumbs-up

About half of patients who develop DVT are asymptomatic.

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