

INTRODUCTION

- Patients with underlying malignancy are at increased risk for developing venous thromboembolic events (VTE).
- Their increased risk is related to many factors including the type of malignancy, chemotherapeutic agents, indwelling catheters, invasive procedures, and immobility.

CASE PRESENTATION

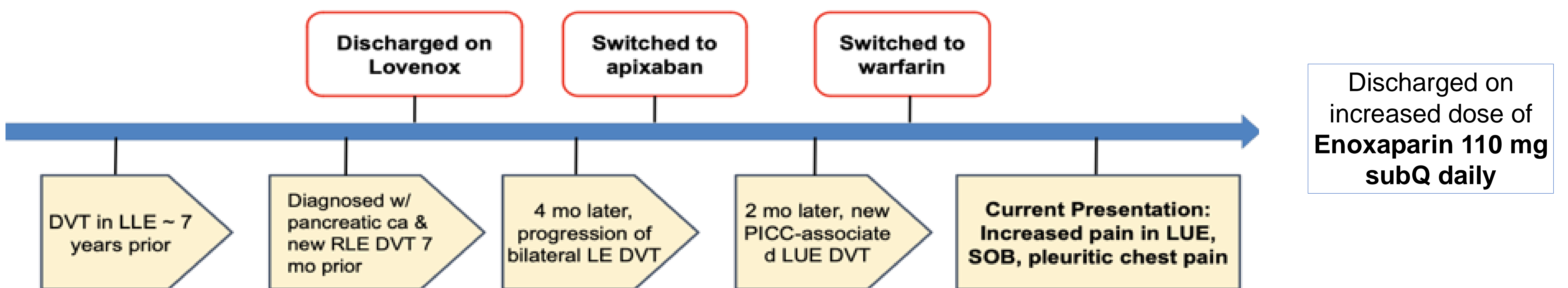
- Patient: 71-year-old female with morbid obesity
- History: Roux-en-Y gastric bypass, multiple previous DVTs
- Recent diagnoses: metastatic pancreatic adenocarcinoma
- Treatment: Initially enoxaparin, switched to apixaban, and later managed with warfarin for catheter-associated DVT
- Current presentation: Increasing pain and swelling in left upper extremity with PICC in place also complaining of shortness of breath, pleuritic chest pain

DIAGNOSTICS AND IMAGING

- Diagnosis: new left subclavian DVT, worsening bilateral lower extremity DVTs, multiple right, pulmonary artery emboli



MANAGEMENT AND RESOLUTION



DISCUSSION

- This was a complex anticoagulation scenario in a patient with multiple thrombosis risk factors: malignancy, indwelling lines, and a history of gastric bypass.
- Gastric bypass surgery, particularly Roux-en-Y, can significantly reduce the absorption of oral anticoagulants due to bypassing the main absorption area and reducing transit time.
- Pancreatic cancer itself is associated with a notable incidence of thrombosis, reaching up to 36%.
- Prolonged use of a PICC line further increases the risk, as it is a common cause of upper extremity DVTs.
- No single anticoagulation agent provides complete efficacy
- This case serves as a reminder of the ongoing vulnerability of cancer patients to clot formation, even with consistent adherence to anticoagulant therapy.
- Cancer patients remain vulnerable to clot formation, even with consistent adherence to anticoagulant therapy.

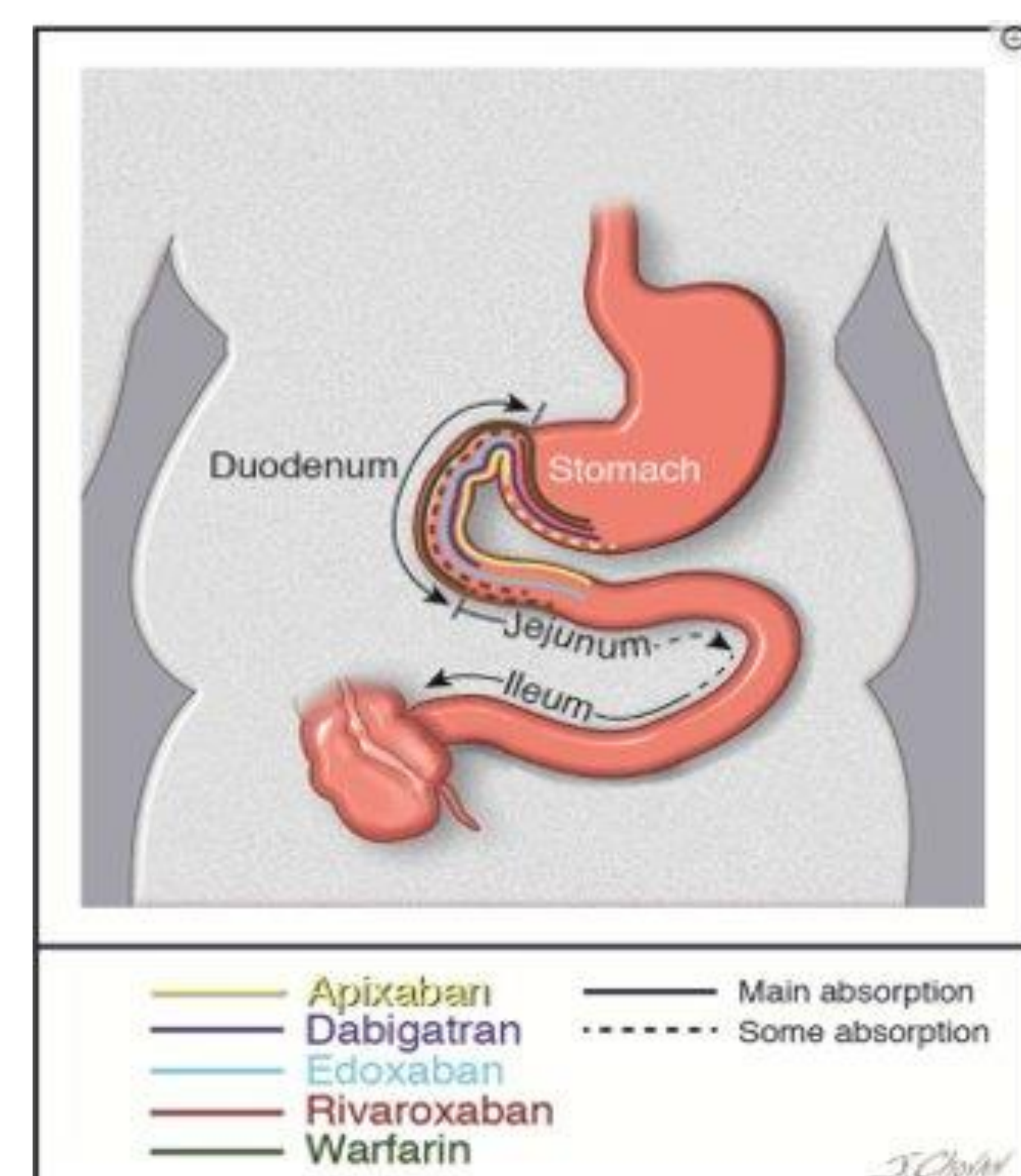


Figure from Martin et al. Am J Med. 2017

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