

ILIOFEMORAL THROMBOSIS AS A MANIFESTATION OF HEMATOGENOUS THROMBOPHILIA IN A NEWBORN WITH CONGENITAL CLUBFOOT. A CASE FROM PRACTICE

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The method of choice for treating congenital clubfoot in children is the unique Ponseti technique. Its essence consists in the staged removal of the front and middle part of the foot in the median position by weekly changing the plaster casts. Equinus is removed by percutaneous achillotomy under local anesthesia followed by a plaster cast applied for 3 weeks in the position of hypercorrection. Despite the surgical intervention under local anesthesia, the child passes all hematological tests. At the slightest change in blood tests, the patient consults.

We have treated 1300 patients with congenital clubfoot for the period from 2009 to 2018. Such a manifestation of a hematological disease was diagnosed for the first time. A child from 2 pregnancies, proceeding without pathology, 2 births at 37 weeks with a weight of 2800 g, height 48 cm. The Apgar score is 8/9 points. Immediately after birth, 2-stage clubfoot was diagnosed and the Ponseti treatment started on the 5th day of life (fig 1). A month later from the start of treatment, achillotomy was performed from 2 sides and gypsum *boots* were applied to the up/3 thigh for 3 weeks. On the 10th day after achillotomy, a slight swelling of the dorsum of the right foot appeared, which did not increase. The plaster edges were slightly disassembled and there were no further problems. After 3 weeks plaster casts were removed and Mitchell braces were applied in the position of the back flexion of 10° and 60° lead. Three days after setting the braces, the parents noticed a marbled pattern on the right lower extremity and an increase in the length of the right thigh and lower leg as compared to the left side (fig 2). Doppler ultrasound of the vessels of the lower extremities was performed and thrombosis of the external iliac vein on the right was diagnosed. The patient was consulted by vascular surgeons and referred for treatment to the hematology unit (fig 3). Hematologists recommended to continue treatment in braces. The patient received anticoagulant therapy with recanalization of a blood clot up to 90%!



Fig.1. Congenital 2-sided club foot



Fig.2. Beginning of iliofemoral thrombosis

Local status: normalization of the skin came after 3 weeks from the start of treatment, the circumference of the right thigh and lower leg ceased to differ from the left lower extremity after 2 months from the start of anticoagulant therapy. The feet after the correction were in the correct position (fig 4).

Given the early debut of hematogenous thrombophilia, long-term anticoagulant therapy, the prog-



Fig.3. Stage resolution



Fig.4. Complete recanalization of thrombus

nosis from the point of view of hematologists is not very favorable. But Despite this, the Ponseti technique helped to completely heal a child with congenital club-foot, almost without violating the mode of wearing braces after achillotomy.