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PHLEGMASIA CERULEA DOLENS AND PHLEGMASIA ALBA DOLENS MIMICKING ACUTE ARTERIAL OCCLUSION IN THE LOWER LIMBS - LITERATURE REVIEW

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Abstract: Introduction: Phlegmasia cerulea dolens is a very uncommon condition secondary to deep vein thrombosis of multi-etiological origin, usually affecting the lower extremities. **Objective**: To review whether phlegmasia cerulea dolens and phlegmasia alba dolens mimic the clinical picture of acute arterial occlusion in the lower limbs. **Results**: We can differentiate phlegmasia from acute arterial occlusion thanks to the intense edema present in the former conditions. To date, there is no consensus on treatment. **Conclusion**: Phlegmasias cerulea dolens and alba dolens mimic the clinical picture of acute arterial occlusion in the lower limbs (Llerena S, et al., 2021).
Keywords: Arterial occlusion; Phlegmasia alba dolens; Hypercoagulability.

INTRODUCTION

Phlegmasia cerulea dolens is a very uncommon condition secondary to deep vein thrombosis of multi-etiological origin, usually affecting the lower extremities. It manifests with rapidly progressive pain and edema in the lower limb, which can compromise limb perfusion, cause gangrene, amputation and even death (González F, et al., 2019).

Its cause is unknown and the main predisposing factors for the disease are neoformative processes, hypercoagulable states, congestive heart failure, pregnancy, prolonged immobilization and surgery on the affected limb. Phlegmasia Cerulea Dolens is characterized by massive edema, intense pain and cyanosis. The diagnosis of this condition is clinical. It is associated in most cases with pulmonary embolism and can lead to the loss of the affected limb if not treated in time. To date, there is no consensus on treatment. Clinical practice describes the use of heparin anticoagulation, local thrombolysis, systemic fibrinolysis, surgical thrombectomy, fasciotomy and inferior vena cava filter. In irreversible cases, amputation is necessary (Llerena S, et al., 2021).

Diagnosis must be made early in the process for treatment to be effective, although it may only produce modest results (Albino P, et al., 2005).

The term alba dolens describes the initial stage of a significant DVT, in which the superficial venous system tries to compensate for the thrombotic event, but due to the high compartmental hydrostatic pressure, it quickly collapses (González F, et al., 2019).

MATERIAL AND METHODS

The search was carried out in the PubMed database and was limited to articles from 2005 to 2024 that met the criteria of being literature reviews and case reports.

We then analyzed the keywords in the titles of the articles and selected those whose subject matter most closely matched our objective.

Three articles were selected for full reading.

DISCUSSION

We can differentiate phlegmasias from acute arterial occlusion thanks to the intense edema present in the former conditions. To date, there is no consensus on treatment. Clinical practice describes the use of heparin anticoagulation, local thrombolysis, systemic fibrinolysis, surgical thrombectomy, fasciotomy and inferior vena cava filter. In irreversible cases, amputation is necessary (Llerena S, et al., 2021).

CONCLUSION

Phlegmasias cerulea dolens and alba dolens mimic the clinical picture of an acute arterial occlusion in the lower limbs (Llerena S, et al., 2021).

CONFLICT OF INTERESTS

Nothing to disclose.

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