

## ORAL CONTRACEPTIVES AND VENOUS THROMBOSIS

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In view of recent reports and discussions<sup>1-6</sup> in the medical literature and publicity in the lay press of possible venous thrombo-embolic complications in patients on oral contraceptives, we record here the clinical features of a patient who developed an iliofemoral venous thrombosis while taking 'enavid' tablets for contraceptive purposes.

### *Case Report*

A young, married female aged 21 years, was referred because of severe pain in the left groin and absent pulses in that limb. A few days previously she felt pain in the lower back and the suprapubic region. The pain was of an inter-

mittent nature and similar to her usual premenstrual pain. Later the pain shifted to the left groin and thigh, became constant in character, and the thigh became swollen. Apart from an attack of German measles 3 weeks before, the past history was not contributory. She had always enjoyed good health and had a child 2 years previously, following a normal pregnancy. There was no history of varicose veins or previous venous thrombosis.

On examination she appeared to be in good general health. The temperature was 102°F., the pulse rate 100 and the blood pressure 120/80 mm.Hg. The heart, lungs, and abdomen were clinically normal. There was marked pain and tenderness in

the left groin and iliac fossa with obvious swelling of the left upper thigh. Tenderness was elicited along the course of the femoral and popliteal veins, and Homan's sign was positive. The left femoral artery was barely palpable and no pulses could be felt distally. The foot was cold. A diagnosis of an iliofemoral venous thrombosis with arterial spasm was made and a lumbar sympathetic block carried out. This resulted in a marked relief of pain, and the ankle pulses became palpable. She was then given 5,000 units of heparin, subcutaneously, every 6 hours for 5 days, followed by warfarin sodium by mouth. The temperature returned to normal after 4 days and the tenderness and swelling subsided completely after 8 days. She was then allowed up with a heavy-weight elastic stocking and was discharged on the twelfth day. During the course of her illness it transpired that she had been taking enavid tablets, 5 mg. daily for 20 days each month for 6 months. When last seen 2 weeks later, she was free of pain, but had mild oedema of the leg and early compensatory veins in the thigh and groin.

#### Discussion

This case report offers no proof of incrimination of enavid, but records an association. The German measles 3 weeks previously cannot be excluded as a predisposing factor, although this is unlikely because complications are rare, and

she was up and about, doing her housework for at least 2½ weeks before the onset of thrombosis. Spontaneous deep-vein thrombosis, too, although rare, is also a possibility. According to Venning<sup>4</sup> preliminary data suggest that some patients on enavid might develop abnormally high levels for those clotting factors involved in the later stages of clotting, although this has not been established. Because of this and a request in the *British Medical Journal*<sup>5</sup> that clinical details of patients developing venous thrombosis while on oral contraceptives should be published without delay, we wish to publish this report.

#### Summary

The clinical features of a patient who developed an ilio-femoral venous thrombosis while taking enavid for contraceptive purposes are described. A definite causal relationship has not been proved.

#### REFERENCES

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