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# Deep vein thrombosis in combination with granulomatosis with polyangiitis (Wegener's)

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Granulomatosis with polyangiitis (Wegener's) is a kind of vasculitis with involvement of upper and lower respiratory tracts and glomerulonephritis. In this letter we described a patient with granulomatosis with polyangiitis, whom involved by deep vein thrombosis during the treatment. Deep vein thrombosis is a rare presentation of this disease. In follow up of these patients complained of pain in lower limb, deep vein thrombosis should be sought.

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ranulomatosis with polyangiitis (Wegener's) is a kind of vasculitis with involvement of upper and lower respiratory tracts and glomerulonephritis (1, 2). Deep vein thrombosis is a rare presentation of this disease (2, 3).

The studied patient was a 25 years old man with upper airway involvement and glumerlone-phritis treated daily with 100 mg oral cyclophosphamide, 100 mg Mesna, 60 mg prednisolone and also calcium supplementation. Disease was under control and the patient was discharged from the hospital. In next follow up, patient complained

of pain in right leg. In examination, circumference of right leg was 3 cm larger than the other. Deep vein thrombosis was found by doppler ultrasound.

Patient initially treated with 60 mg subcutaneous Enoxaparin every 12 hours, which was followed by 5 mg warfarin daily. After reaching to an appropriate INR (>2), Enoxaparin was discontinued and warfarin continued. Seven days after starting the treatment, leg swelling gradually decreased, and symptoms were resolved.

Therefore, in follow up of these patients complained of pain in lower limb, deep vein throm-

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bosis should be sought (2-4).

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### References

- 1. Karimifar M, Salesi M, Karimzadeh H, Sayed Bonakdar Z, Mottaghi P, حريميفر , et al. A Case of Wegener's Granulomatosis. Journal of Isfahan Medical School. 2010;27(101):724-31.
- 2. Mortazavi M, Nasri H. Granulomatosis with polyangiitis (Wegener's) presenting as the right ventricular masses: A case report and review of the literature. Journal of Nephropathology. 2012;1(1).
- 3. Santana AN, Ab'Saber AM, Teodoro WR, Capelozzi VL, Barbas CS. Thrombosis in small and medium-sized pulmonary arteries in Wegener's granulomatosis: a confocal laser scanning microscopy study. J Bras Pneumol. 2010;36(6):724-30.
- 4. Lamprecht P, Holl-Ulrich K, Wieczorek S. Venous thromboembolism in Wegener's granulomatosis. J Rheumatol. 2007;34(12):2323-5.