 IMAGES IN OTOLARYNGOLOGY

Jugular Vein Thrombosis in a Patient Addicted to Intravenous Drugs

Trombosis venosa yugular en paciente adicto a drogas por vía parenteral

María Luisa Navarrete Álvaro, a, ∗ David Bonilla, a Pilar Coscojuela b

 a Servicio de Otorrinolaringología, Hospital Vall d’Hebron, Universidad Autónoma de Barcelona, Barcelona, Spain
 b Servicio de Neurorradiología, Hospital Vall d’Hebron, Universidad Autónoma de Barcelona, Barcelona, Spain

Deep vein thrombosis of the neck is a rare entity. Classically, jugular thrombosis was mostly caused by cervical infections, such as pharyngotonsillitis, retropharyngeal abscesses, dental abscesses or mastoiditis. However, increased use of antibiotics in these aetiologies has reduced their incidence compared to the use of catheters or intravenous drug abuse. Currently, the diagnosis is made by computed tomography (CT) scans. CT scan images with contrast are characterised...
by a hypodense area in the vascular lumen, with an annular image of peripheral uptake usually appearing. The prognosis is poor.

We report the case of a 31-year-old male with a history of infection by hepatitis C virus (HCV) and addiction to intravenous drugs. The patient attended the Emergency ENT Unit of our hospital due to right laterocervical swelling and pain along with fever, following injection of alprazolam in the right lateral region 2 days earlier.

Upon physical examination, pharyngolaryngeal endoscopy was within normal limits and there was a puncture in the distal insertion of the right sternocleidomastoid where a non-fluctuating, inflammatory tumefaction could be felt. We requested analyses, which showed signs of systemic infection, and a cervical CT, which revealed right jugular vein thrombosis without collections. In the cranial axial projection we observed a filling defect in the start of the thrombosis (Fig. 1A) and in the cervical coronal projection we noted an absence of contrast in the enlarged jugular, with inflammatory changes around it (Fig. 1B).

A cervical axial reconstruction showed a complete absence of contrast enhancement in the jugular (Fig. 2A) and in the end of the jugular thrombosis (Fig. 2B).

A 3D reconstruction showed an absence of contrast in the cervical segment of the jugular (Fig. 3).

In conjunction with the internal medicine and vascular surgery service, we opted for intravenous treatment and observation, which the patient refused. Thus, he was discharged after being prescribed a treatment including antibiotics, analgesics, low molecular weight heparin and ambulatory monitoring.