

## Clinical Image

## Trousseau's Syndrome in Metastatic Vulval Carcinoma

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Trousseau's Syndrome initially described patients presenting with spontaneous or recurrent episodes of venous thrombosis and arterial emboli, with an occult neoplasm [1]. Recently, the term has been applied to patients with a known malignancy. The pathogenesis of Trousseau's Syndrome is complex and multi-variable, including intravascular hypercoagulable tumour material [2,3], tumour-producing cytokines [4,5] and external factors.

A 60 year old lady with a diagnosis of metastatic vulval cancer was diagnosed with a right leg deep vein thrombosis.

Doppler ultrasound venogram revealed thrombus in the right common femoral, superficial femoral and popliteal veins. Despite anticoagulation with Tinzaparin, she subsequently presented with left upper limb weakness, dysarthria and right facial droop.

MRI brain revealed an acute infarct in posterior right frontal lobe. There were additional smaller foci of infarction in the parieto-occipital regions bilaterally. Therefore, the differential diagnosis of a patient with cancer presenting with neurological symptoms needs to include Trousseau's Syndrome.

## References

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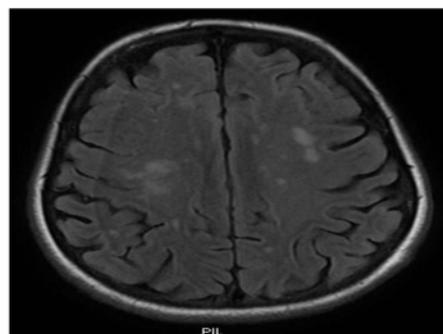


Figure 1: Diffusion restriction in the right frontal lobe, indicating an acute infarct.

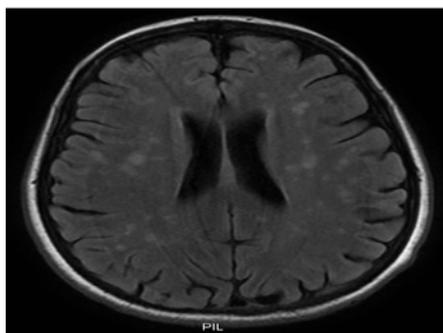


Figure 2: Multifocal signal abnormality in the periventricular and deep cerebral white matter bilaterally.