

Paediatric Thrombosis In Kenya

Abstract:

Management of paediatric thrombosis in developing resource poor set ups poses various challenges. The challenges are mainly related to inadequate facilities for determining underlying causes and monitoring therapy. We present six children managed for thrombosis at the Kenyatta National Hospital, Nairobi, a major referral and teaching Hospital, in Kenya. There were five males and one female. The age range at presentation was 4 days to 13 years. There were two neonates; one had protein C deficiency, and the other one disseminated intravascular coagulation. The neonate with protein C deficiency suffered recurrent skin necrosis and eventually had total visual loss. The second neonate developed pedal gangrene necessitating bilateral below the knee amputation. A patient undergoing treatment for Burkitt's lymphoma, who also had cardiac failure, developed severe gangrene of the right lower limb and had above knee amputation. A 12 year old male presented with bilateral calf deep venous thrombosis, (DVT), and pulmonary embolism, (PE). He has had recurrent DVT and is now on continuous warfarin at the age of 32 years. The other two patients, one with peripheral gangrene of the hands and feet, and the one with calf DVT are doing well on anticoagulants. All the patients have been treated with heparin and warfarin. Monitoring and compliance has been a challenge. The cause of thrombosis in three patients has not been established, which presents a dilemma as to how long anticoagulation should be continued. The management challenges presented by these patients no doubt represent those seen in many parts of the developing world. It is recommended that ISTH standards experts for management of paediatric thrombosis consider offering guidelines for management of patients from countries' with resource constraints.