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## Brief Communication: Streptokinase for Deep Venous Thrombosis

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# Brief Communication

## Streptokinase for Deep Venous Thrombosis

We recently had the opportunity to treat a patient successfully with streptokinase for a deep venous thrombosis of the left iliofemoral system involving the vein to a transplanted kidney. The transplant had been performed 15 months before admission. The patient rapidly developed acute renal failure one day after admission, and a venogram confirmed the presence of thrombosis in the renal vein. By history the deep venous thrombosis had occurred approximately 36 hours before the venogram was taken.

Administration of streptokinase through a femoral vein catheter was initiated immediately in the usual loading dose of 250,000 units, followed by continuous drip of 100,000 units/hour for 72 hours. Thrombin clotting times (TCT) were maintained in the therapeutic range, and heparin administration was initiated when the partial thromboplastin time (PTT) fell to lower than two times normal. The patient was eventually discharged receiving warfarin.

At the time of admission the patient's serum creatinine was 2.5 mg/dl. Before therapy the oliguria had progressed almost to complete anuria. Urine output was only 6 ml/hr. By the third day of therapy, the urine output began to increase and slowly progressed through the diuretic phase characteristic of acute tubular necrosis. Over the next four days, urine output returned to normal. On the sixth day the serum creatinine level began to fall, and at the time of discharge it was 2.8 mg/dl from a peak of 12.9 mg/dl during the hospitalization. Serum creatinine was 1.8 mg/dl during recent outpatient evaluation.

Information in the medical literature about the use of streptokinase in this setting is limited (1-5); however, it seems to be valuable therapy in this potentially very damaging situation.

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