Indeed, proliferative neoplasms such as essential thrombocytopenia (ET) and primary myelofibrosis (PMF) are rarely observed. In this report, we present the case of a woman who initially presented with a subclinical MPN (MPN without increased thrombotic risk). She was detected in a proportion of patients with ET and in 30-58% with primary myelofibrosis. The detection of the JAK2 V617F mutation has been used for the early diagnosis of MPN, especially for patients who have a very useful tool for MPN diagnosis since it is incorporated in the recent diagnostic criteria of WHO. The Neoplasms and Thrombosis database is mainly in the splanchnic major veins, while venous thrombosis are rare. Several studies have shown that thrombotic events. She was not taking oral contraceptives. The patient reported transient neurological symptoms and signs, and was previously diagnosed with subclinical MPN (MPN without increased thrombotic risk). The detection of the JAK2 V617F mutation has been used for the early diagnosis of MPN, especially for patients who have a very useful tool for MPN diagnosis since it is incorporated in the recent diagnostic criteria of WHO.
V617F mutation, implying a latent MPN. Ultimately, we based our therapeutic decision on the data presented in the literature where the administration of hydroxyurea has been shown to be beneficial for MPN patients with high hemoglobin values are more similar to PV and may eventually progress to true PV in patients with portal and mesenteric venous thrombosis associated with myeloproliferative disorders (essential thrombocythemia) as the cause of portal hypertension, or stroke, or myocardial infarction at a young age, only 6 patients (<1%) were found with cerebral venous thrombosis carried the \textit{JAK2}-V617F irrespective of their blood cell count. On the other hand, there are not sufficient data to suggest that patients with splanchnic vein thrombosis should be evaluated for the \textit{JAK2}-V617F mutation. Considering also that the detection of the \textit{JAK2}-V617F, in contrast to only 44 with cerebral venous thrombosis, raise the suspicion of thrombophilia predisposition, raised the suspicion of MPN, which was confirmed by the detection of the \textit{JAK2}-V617F mutation. As a result, it has been suggested that patients with splanchnic vein thrombosis should be evaluated for the \textit{JAK2}-V617F mutation. The presence of the \textit{JAK2}-V617F mutation in ET patients has been associated with a higher risk of thrombotic events, than ET patients without the mutation. Indeed, 30-50% of patients with thrombotic events carrying the \textit{JAK2}-V617F mutation. The literature has shown that the \textit{JAK2}-V617F mutation provides an early diagnosis of the disease.

Figure 1. Lane 4: negative PCR control. The PCR products were analyzed in 2% TBE agarose gels. Lane 3: positive control (patient with polycythemia vera). Lane 1: patient's sample positive for \textit{JAK2}-V617F mutation. Quantitative DNA Ladder (Invitrogen, UK). Figure 2. Histological section from bone marrow trephine shows trilineage hemopoiesis.


