



10TH INTERNATIONAL VIRTUAL MEDICAL RESEARCH SYMPOSIUM 2026

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ABSTRACT BOOK



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Clot Without Clues: *JAK2*-Positive Thrombosis with Normal Counts

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ABSTRACT

Introduction: Thrombosis is a hallmark of *JAK2*-positive myeloproliferative neoplasms (MPNs), yet events may occur before overt blood count abnormalities appear. We report three cases which highlight the diverse thrombotic manifestations of *JAK2*-positive MPNs with normal hematologic profiles. **Case reports:** Case 1: A 72-year-old man with end-stage renal failure on dialysis developed recurrent acute myocardial infarctions with temporal angiographic evidence of progressive multivessel disease within 1 year. Haemoglobin was inappropriately normal despite no erythropoiesis-stimulating therapy. *JAK2V617F* mutation was detected, suggestive of polycythaemia vera pending bone marrow examination. He was treated with antiplatelet, direct oral anticoagulant (DOAC) and ruxolitinib due to hydroxyurea intolerance. Case 2: A 59-year-old man without cardiovascular risk, presented with sudden onset of left-sided body weakness due to right internal carotid artery thrombosis with concurrent pulmonary embolism causing respiratory failure. *JAK2V617F* mutation and bone marrow findings confirmed essential thrombocythemia. Follow-up blood counts showed subsequent thrombocytosis within 1.5 years. He received DOAC and hydroxyurea. Case 3: A 32-year-old man, without cardiovascular burden developed progressive left facial asymmetry and weakness for 3 days, with a past history of cerebral venous sinus thrombosis. Neuroimaging showed subacute lacunar infarcts, blood counts were normal, autoimmune screen was negative and *JAK2V617F* mutation was detected. He was treated with DOAC and monitored for progression to MPN. All patients remained free from recurrent thrombotic events on follow-ups. **Conclusion:** Unexplained or recurrent arterial and venous thromboses should prompt *JAK2* mutation testing regardless of blood counts. Early identification of MPN-related thrombosis beyond counts enables proper antithrombotic strategy to prevent recurrence.

Keywords: Essential thrombocythemia; Janus kinase 2; myeloproliferative disorders; polycythaemia vera; thrombosis