

SUBTOTAL ILIAC VEIN OCCLUSION SECONDARY TO MAY-THURNER SYNDROME

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Abstract:

Background: May Thurner Syndrome (MTS), an anatomical variant present in over 20% of the population, can present with iliofemoral deep venous thrombosis (DVT) caused by compression of the common iliac vein by the adjacent iliac artery. **Case:** An 86 year old male with coronary artery disease presented with left lower extremity swelling. Ultrasound revealed acute iliofemoral region DVT. This clot, extending from the groin to the ankle, placed him at high risk for pulmonary embolism and post-thrombotic syndrome.

Decision-making: Patient was placed on heparin drip. Venogram performed at 48 hours showed extensive clot in the superficial femoral, common femoral and external iliac vein. The popliteal vein was accessed with an 8-french sheath. Using Inari, 90% of the clot was retrieved through the popliteal vein. Repeat venography revealed nearly complete resolution of the clot in the superficial femoral vein from the entry point into the common femoral vein. Ultrasound showed >80% compression remaining in the common iliac and external iliac vein. The iliac vein was dilated with a 14.0 balloon. Stents were placed in the distal portion of the external iliac vein and common femoral vein. Final angiography revealed excellent flow in the iliac vein.

Conclusion: Our patient presented with proximal DVT with an underlying etiology of iliac vein subtotal occlusion secondary to MTS, a widely prevalent and frequently overlooked condition with consequential unnecessary long-term anticoagulation.