Case	(233) Not only a deep vein thrombosis. a may-thurner syndrome case report
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CASE PRESENTATION

An 80 years-old male presented 5 days evolution history ofleft lower limb swelling, venous eczema, hyperpigmentation and pain. Doppler-US confirmed presence of deep vein thrombosis in that extremity with possible extension to iliac vein. Dyspnea, thoracic pain and constitutional syndromewere not presented. In that moment, he started to receive LMWH and oral anticoagulants.

Due to the large extension of thrombosis, a TC venography was performed. It revealed that left iliac extern, intern and common veins were involved.

Furthermore, TC venography demonstrated reduced caliber of left common iliac vein between right common iliac artery anteriorly and a body lumbar vertebra posteriorly and May-Thurner syndrome was diagnosticated. Catheter-directed thrombolysis was performed for two days previous placement of cava filter and covered stent in left common vein was placed with a good evolution.

DISCUSSION

In May-Thurner syndrome, also known as Cockett syndrome, the left common iliac vein (LCIV) is compressed between the right common iliac artery (RCIA) anteriorly and the fifth lumbar vertebra posteriorly.

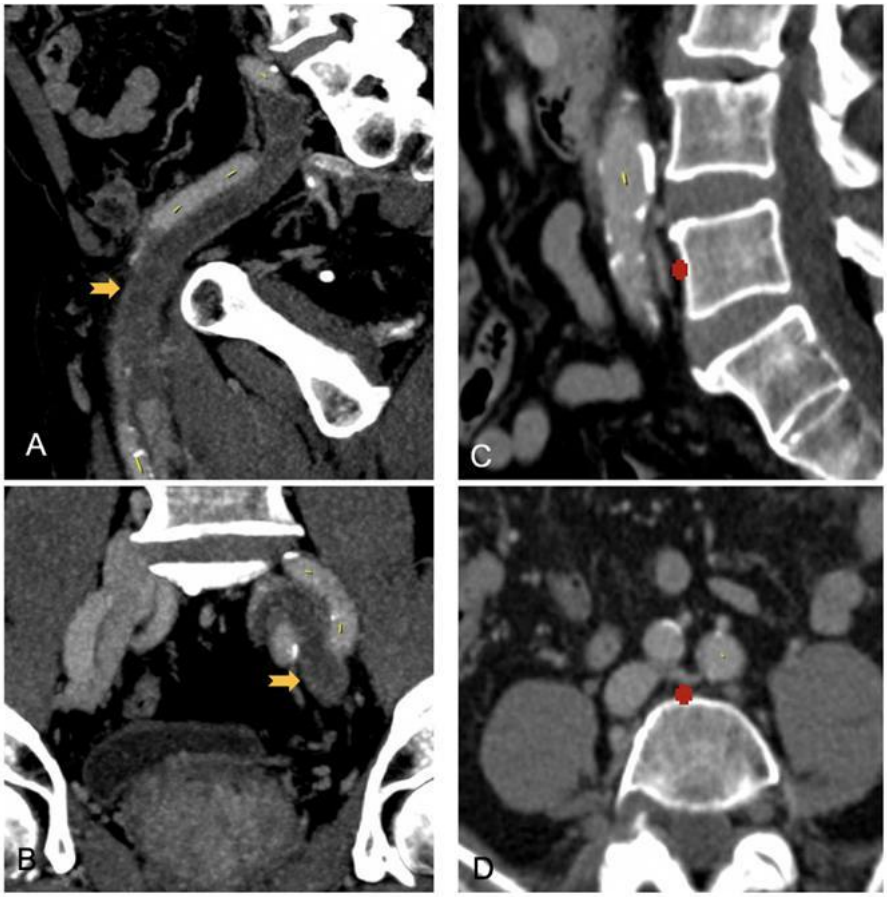
Chronic venous stasis resulting from compression may lead to deep vein thrombosis in the left iliac and femoral veins.The syndrome is diagnosed of people undergoing evaluation for chronic venous disorders, a frequent disorder seen in emergency department.

The most frequent symptom is left lower extremity swelling and other symptoms include varicose veins, venous eczema, hyperpigmentation, exertional pain and venous ulcers in the left leg.In imaging evaluation, Doppler UScan depict deep vein thrombosis in lower extremity, However the iliac vessels may not be adequately demonstrated with this test. CTvenography is comparable to US for the diagnosis of femoropopliteal deep vein thrombosis but is considered superior for the diagnosis of thrombosis of the iliac veins and inferior vena cava.

Retrograde venography performed with DSA is the reference standard for diagnostic imaging when May-Thurner syndrome is suspected. It can show left common iliac vein (LCIV) stenosis due to compression, and it allows quantitative assessment of the venous-caval pressure gradient.Catheter thrombolysis followed by angioplasty with stent placement in the iliac vein is one of therapeutic alternatives of this patients.

CONCLUSION

May-Thurner syndrome should be considered if a extended deep vein thrombosis is present in left leg. CT venography and venography performed with DSA demonstrates the iliac vein compression. Endovascular treatment with catheter-directed thrombolysis and stent placement in left common vein is a good option of treatment.



CT Venography. A y C sagittal plane; B coronal plane; D axial plane. Yellow arrow points the thrombosis of left iliac vein. Red cross points the LCIV compression between RCIA and body vertebral L5.

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