

A CASE OF DVT REVISITED

Dina Corbin, MD; Boutros El-Haddad, MD

Introduction

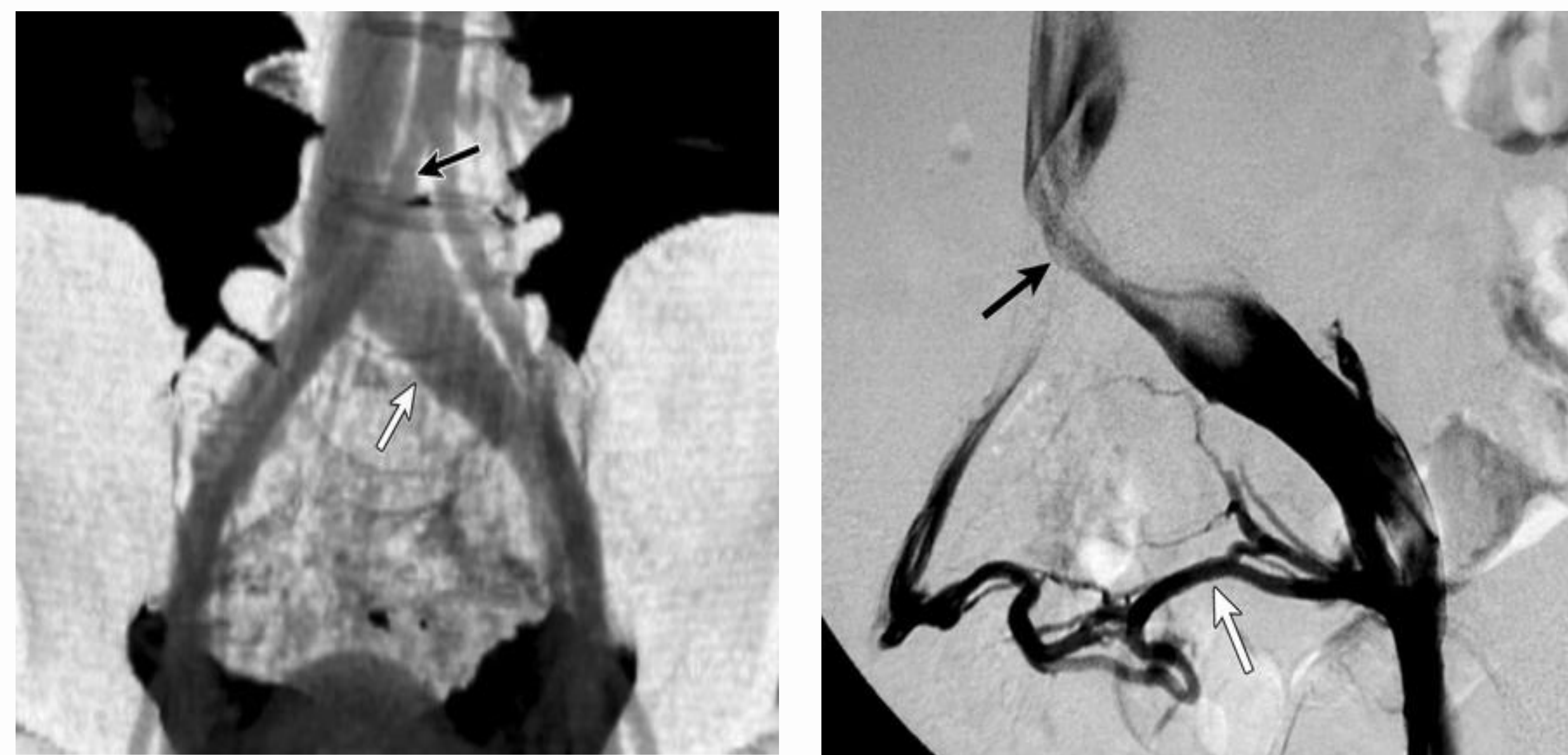
- **May-Thurner Syndrome** is an uncommon condition characterized by the **compression of the left common iliac vein by the right common iliac artery** against the fifth lumbar vertebra.
- Chronic compression results in intimal hyperplasia leading to stenosis and increased incidence of DVT and the risk increases in young women on oral contraceptives.
- The prevalence in patients undergoing evaluation for venous disorders is 2-5%, mostly in women between second and fourth decades.

Presentation

- A 32 year-old woman on oral contraceptives presented with DVT of the left popliteal vein. Anticoagulation was started and she was discharged on warfarin.
- Days later, while INR was therapeutic. A repeat ultrasound showed DVT extension to the femoral vein. Venogram showed left popliteal, femoral, and left common iliac vein thrombosis.
- Thrombolytic was given. Repeat venogram showed almost complete resolution of the thrombus. She went home on warfarin.
- Two weeks later, and while INR was therapeutic, a Doppler ultrasound showed popliteal DVT. Hypercoagulable workup was negative as well as work up for malignancy. An IVC filter was placed.
- Angioplasty and stenting of the left common iliac vein was done. The patient was kept on low-dose aspirin and discharged on warfarin. The six-month follow-up venogram was negative for DVT.

References

1. Murphy EH, et al. Symptomatic ileofemoral DVT after onset of oral contraceptive use in women with previously undiagnosed May-Thurner Syndrome. J Vasc Surg 2009; 49:697-703.
2. Jeon UB, et al. May-Thurner syndrome complicated by acute iliofemoral vein thrombosis: helical CT venography for evaluation of long-term stent patency and changes in the iliac vein. AJR Am J Roentgenol 2010;195:751-757.
3. Loukas M, et al. A case of May-Thurner syndrome. Case report. Folia Morphol 2008; 67(3):214-217.



A CT scan (left) and venogram (right) showing compressed left common iliac vein (black arrow).

Discussion

- Diagnosis of May-Thurner Syndrome is usually made by venography and/or intravenous ultrasound.
- Screening prior to prescribing oral contraceptives is not routinely recommended.
- Anticoagulation therapy alone is not very effective.
- Treatment includes catheter-directed thrombolysis and mechanical thrombectomy with endovascular stent placement.
- **We recommend screening in young patients with DVT who failed anticoagulation and have negative hypercoagulable work-up.**

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