

Rare cause of intra-operative venous iliac occlusion

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Introduction

Female patient, 34 YO, proposed for iliac venous stenting for symptomatic May-thurner Syndrome (assymetric edema and varicose veins)

Methods/Procedure:

The patient was punctured in the left femoral vein using na introducer 10F After the phlebography the patient was submitted to stenting of the left common iliac vein (sinus obliquus-optimed®).

In the control phlebography the external iliac vein demonstrated a *de novo* sub-occlusive stenosis.

The patient was submitted to baloon angioplasty without stenosis resolution. Afeter careful evaluation of the phlebography (without subtration) it was concluded that the full bladder was causing na extrinsic compression

Results:

The patient was submitted to algaliation.

The phlebographic stenosis resolved after a few minutes.

Conclusions

The endovascular procedures of the ilio-cava sector are increasing steadily. The use of subtraction phlebography and the unawareness of extrinsic venous compressions in intra-operative decision might lead to poor decision making and compromised outcomes.

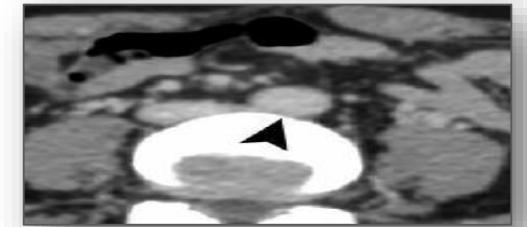
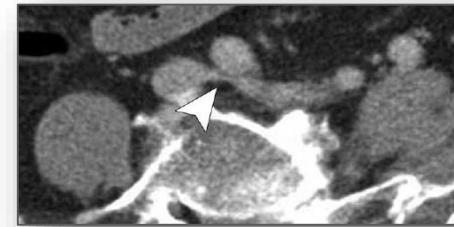


Fig. 1 e 2: Phlebo-CT demonstrating focal compression of the common iliac vein.



Fig. 3 e 4: Intra-operative phlebography demonstrating the left common iliac vein with constrast attenuation and increased size

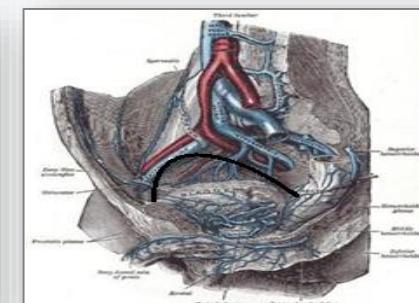
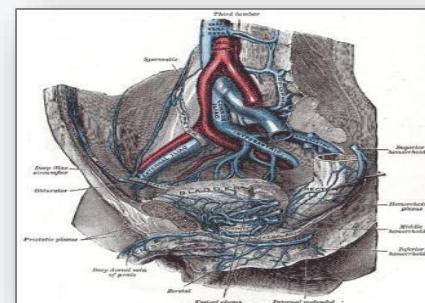


Fig. 5, 6, 7: Phlebography demonstrating focal compression of external iliac vein. Sinus oliquus stent correctly positioned.