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 submited to stenting of the left common iliac vein (sinus obliquus-optimed®).
In the control phlebography the external iliac vein demonstrated a de novo sub-oclusive stenosis.
The patient was submited to baloon angioplasty without stenosis resolution.
Afetet careful evaluation of the phlebography (without subtration) it was concluded that the full bladder was causing na extrinsic compression

Results:
The patient was submited 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 contrast atenuation and increased size

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

References: