

Stent-ablation in May-Thurner syndrome: 2 cases

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- **Category :** Vascular intervention

Learning Objectives

1. Understanding May-thurner Syndrome(MTS).
2. Learning the management of varicose veins secondary to May-thurner Syndrome(MTS).

Clinical history

	Patient 1	Patient 2
Age	25	22
Sex	M	F
Clinical presentation	Complaints of pain and multiple varicosities in the leg for the past 7 years	Pedal edema with ulcer formation around medial malleolus on the left side for the past 4 years
Previous surgical history:	None	Endovenous LASER ablation 3 years back
Venous Doppler findings	Compression of left common iliac vein by right iliac artery with dilated left common iliac vein Gross left SFJ incompetence with ectatic GSV from SFJ upto 10 cm below knee. Varicosities along GSV with no DVT	Varicosities along GSV in ankle region

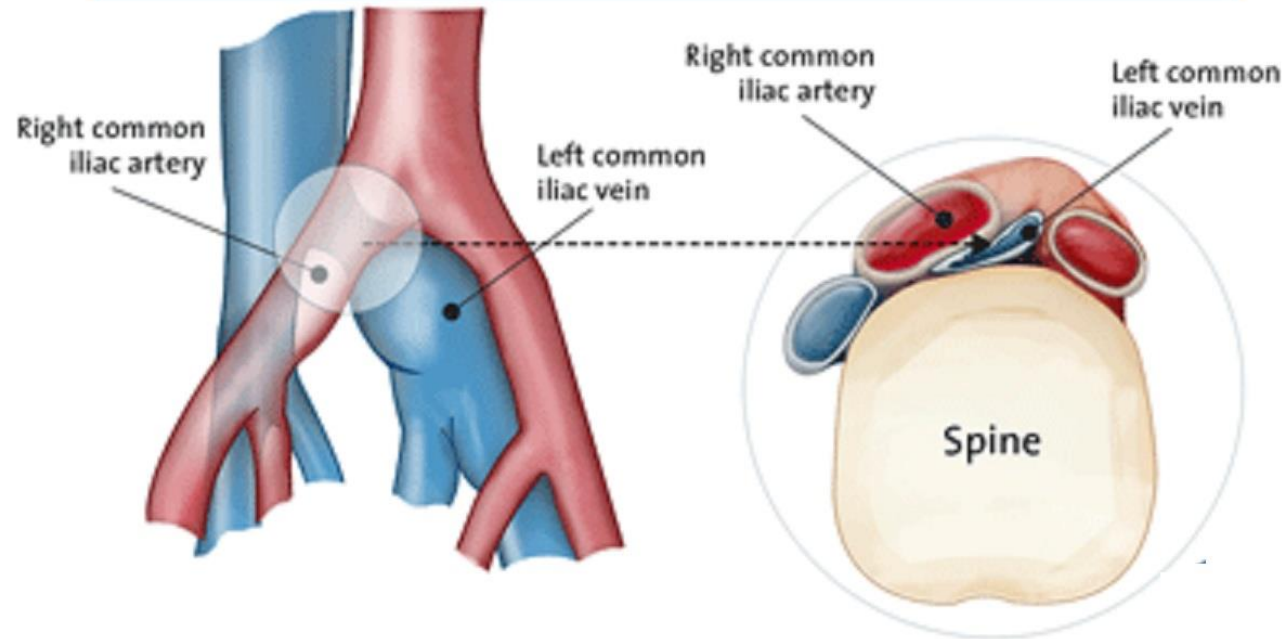
Clinical presentation patient 1



Clinical presentation patient 2

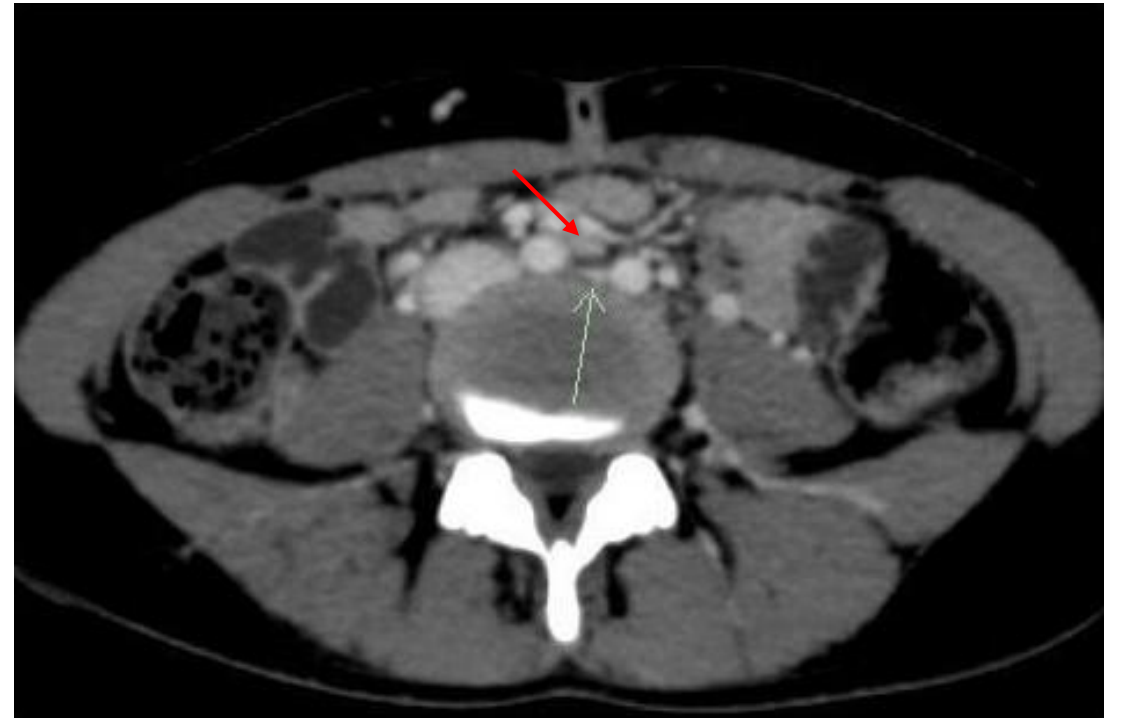
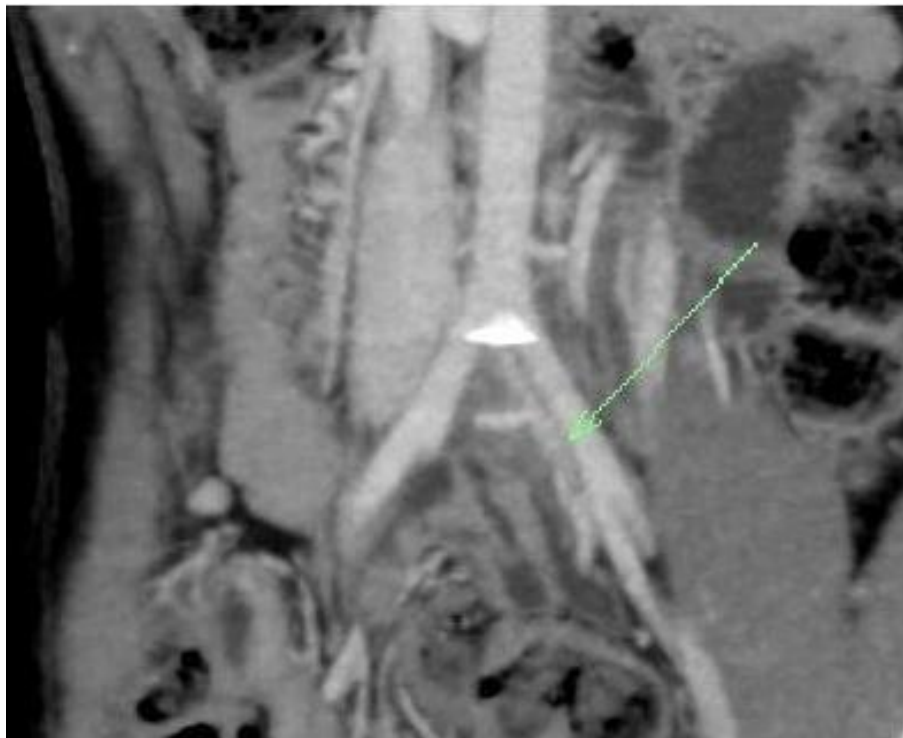
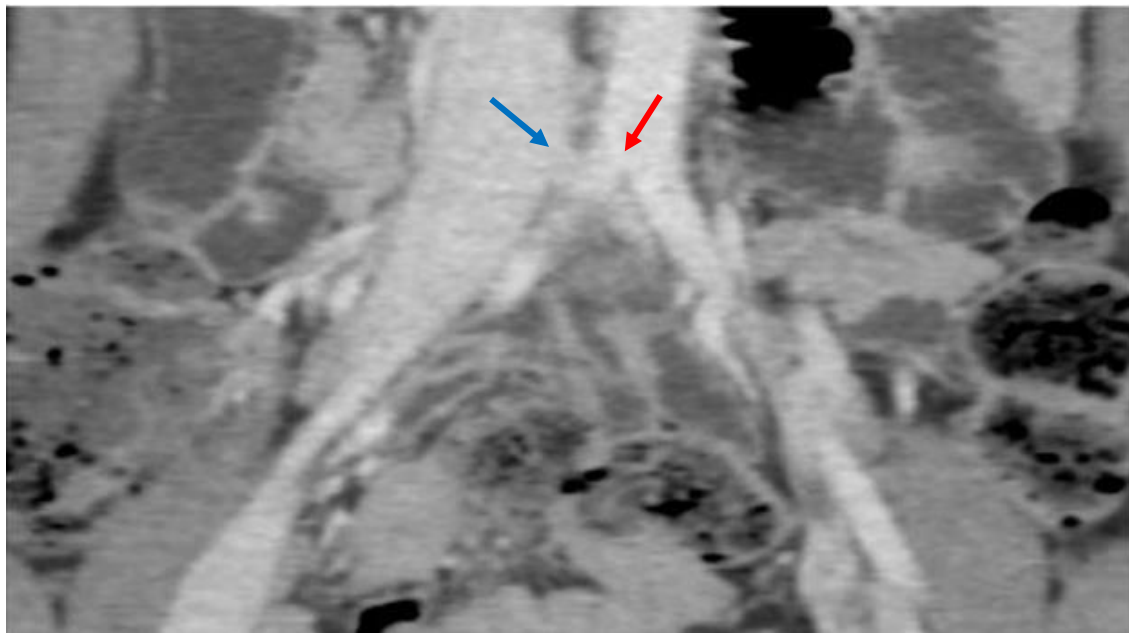


Compression of Vein by Artery against Spine seen from below



- May-Thurner syndrome (MTS), also known as iliac vein compression syndrome, occurs when the left common iliac vein is compressed by the right common iliac artery over the lumbar spine, which increases the risk of deep vein thrombosis (DVT) in the left leg¹. We present 2 cases of MTS treated with varicose vein LASER ablation and left common iliac vein stenting.

- The true incidence rate of MTS is 22 to 32%.
- MTS related deep venous thrombosis (DVT) accounts for only 2%-3% of all lower limb DVT's².



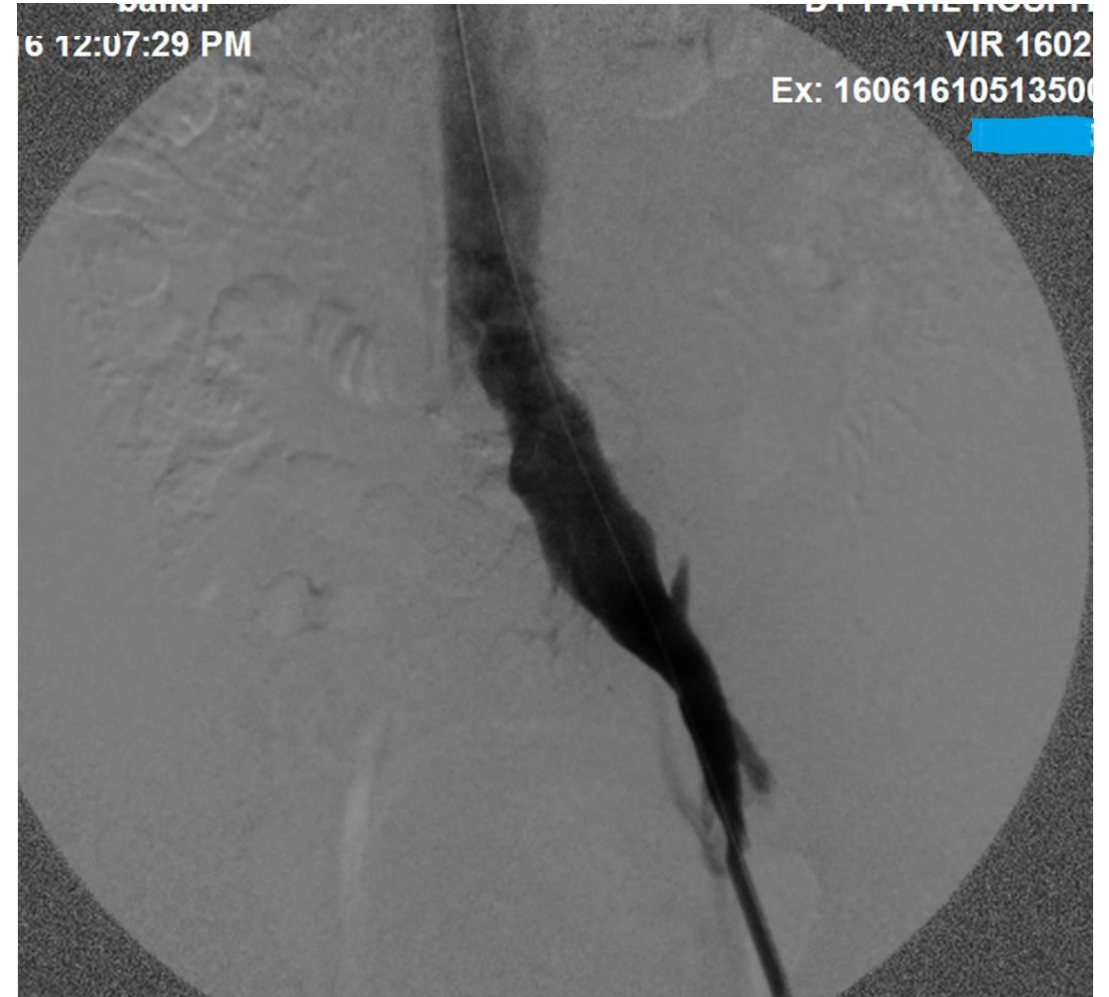
Treatment in Patient 1

- Stenting of left Common Iliac vein was done.

Patient 1 pre-stenting DSA



Patient 1 post-stenting DSA



Patient 1 pre vs post stenting



- This was followed by Endovenous LASER ablation in patient 1.

Follow up of patient 1 post stenting and LASER ablation



Treatment in Patient 2

- Stenting of left Common Iliac vein was done.
- Healing of ulcer occurred in the female patient.

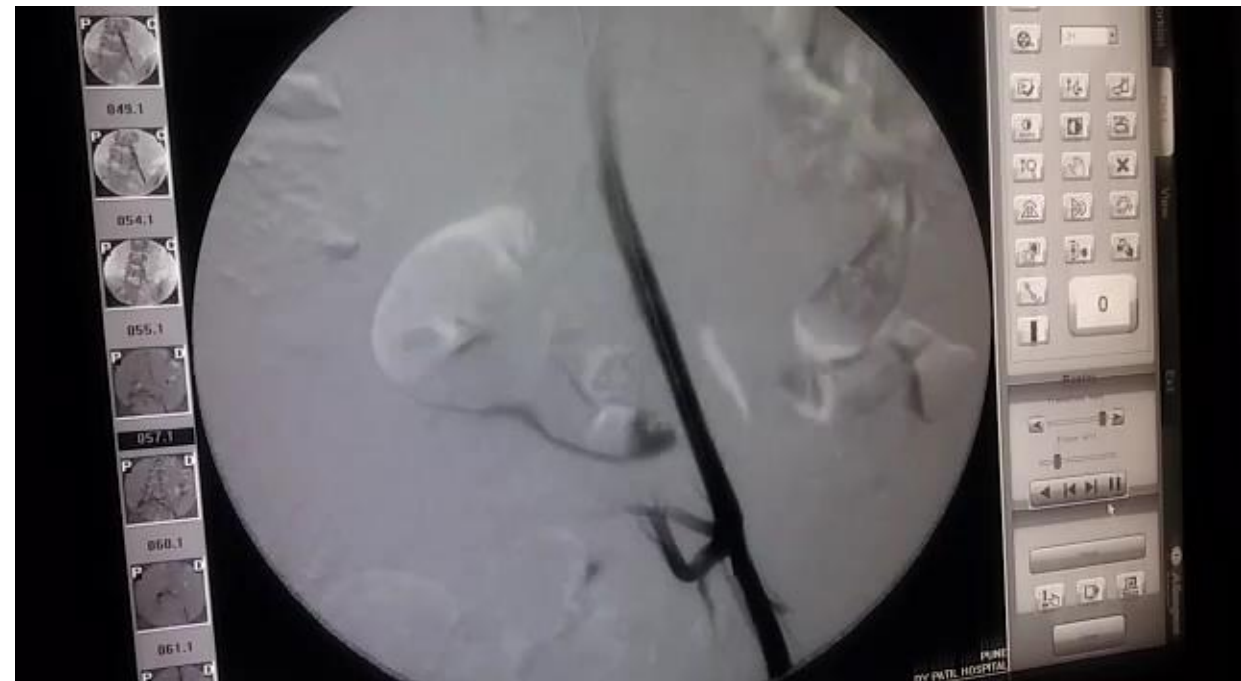
Patient 2 pre-stenting DSA



Patient 2 post-stenting DSA



Patient 2 DSA



Complications:

- Both patients experienced severe back/pelvic pain post stenting.

Conclusion :

- May-Thurner syndrome must be suspected in young patients with symptoms related to varicose veins³.
- Endovenous stent placement or Varicose vein LASER ablation alone may yield inadequate results.
- If only varicose veins are treated then the underlying pathology of left common iliac vein compression remains untreated , while if only stent is placed then the varicosities developed would go untreated.
- Stenting with LASER ablation have synergistic effect.

References:

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- 2. Kalu S, Shah P, Natarajan A, Nwankwo N, Mustafa U, Hussain N. May-Thurner Syndrome: A Case Report and Review of the Literature. Case Reports in Vascular Medicine. 2013;2013:740182.
- 3. Wan-L Miriam Wu, Wen-Sheng Tzeng , Ren-Hong Wu, Wei-Lin Tsai, Min-Chi Chen, Pao-Chun Lin and I-Chen Tsai.Comprehensive MDCT evaluation of patients suspected with May-thurner syndrome .American Journal of Roentgenology. 2012;199:5:638-645.

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