AN UNUSUAL CASE OF ILIOFEMORAL DEEP VENOUS THROMBOSIS; MAY-THURNER SYNDROME
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Introduction
May-Thurner syndrome is a condition in which patients develop deep venous thrombosis (DVT) due to abnormal anatomical positioning of the right common iliac artery overlying and compressing the left common iliac vein. This diagnosis can be missed particularly in younger patients given the uncommonness of this condition.

Case Report
The patient is a 19-year-old female with acute left lower extremity pain and swelling for 2 days. She denied other symptoms including injury, insect bite, recent surgery, long distance travel or prolonged immobilization. She had an uncomplicated spontaneous vaginal delivery 4 months prior. She had been initiated on oral contraceptive pills

Case Report (continued)
Of note, her father had recurrent bilateral lower extremity thrombosis but she was unable to provide further details of her family history. Physical examination was significant for erythema, tenderness and swelling of her left lower extremity, especially at the thigh. Peripheral pulses were intact. Ultrasound demonstrated extensive proximal DVT from the left femoral vein into the left common iliac. Right ilio-femoral vein was normal. Venogram was confirmatory. A heparin drip was initiated, OCPs were discontinued and hypercoagulable workup was performed. The following day, she developed persistent tachycardia prompting CT pulmonary angiogram revealing bilateral pulmonary emboli.

Due to clot burden, vascular surgery was called for catheter directed thrombolysis with recombinant tPA and an IVC filter was placed due to notable filling defects. Unfortunately tPA infusion had to be held due to significant drop in fibrinogen. She underwent pharmaco-mechanical thrombectomy using the Trellis device. Intravascular ultrasound revealed compression of the proximal common iliac vein as well as the left side of the IVC, confirming May-Thurner syndrome. Angioplasty with stents to the left common iliac and external iliac vein was done.

Discussion
May-Thurner syndrome should be considered in a young patient presenting with left sided ilio-femoral DVT. The incidence of DVT is higher in patients with this syndrome especially in the presence of additional risk factors, such as oral contraceptive use, morbid obesity or pregnancy. This diagnosis carries important therapeutic implications to prevent recurrence of DVT, such as mechanical thrombectomy, angioplasty, stenting and anticoagulation.

Follow Up
At a six month follow up, Doppler of the lower extremities revealed patent vessels. Heterozygous Factor V Leiden was positive. She completed a 6 month course of anticoagulation with Rivaroxaban.

References