

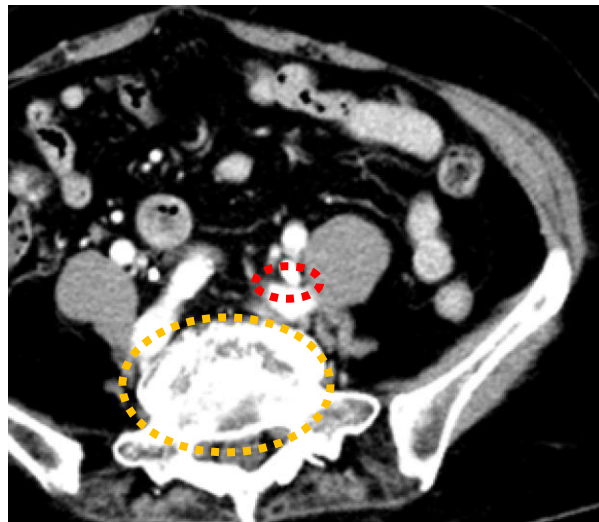
Endovascular Treatment of deep venous thrombus due to May-Thurner syndrome using self-expandable stents. 4 case series with intravascular ultrasound findings

Tetsuya Asato, T. Nakama, T. Takei, K. Ogata, H. Matsuura, H. Koiwaya, Y. Shibata

Miyazaki Medical Association Hospital, Cardiovascular Center

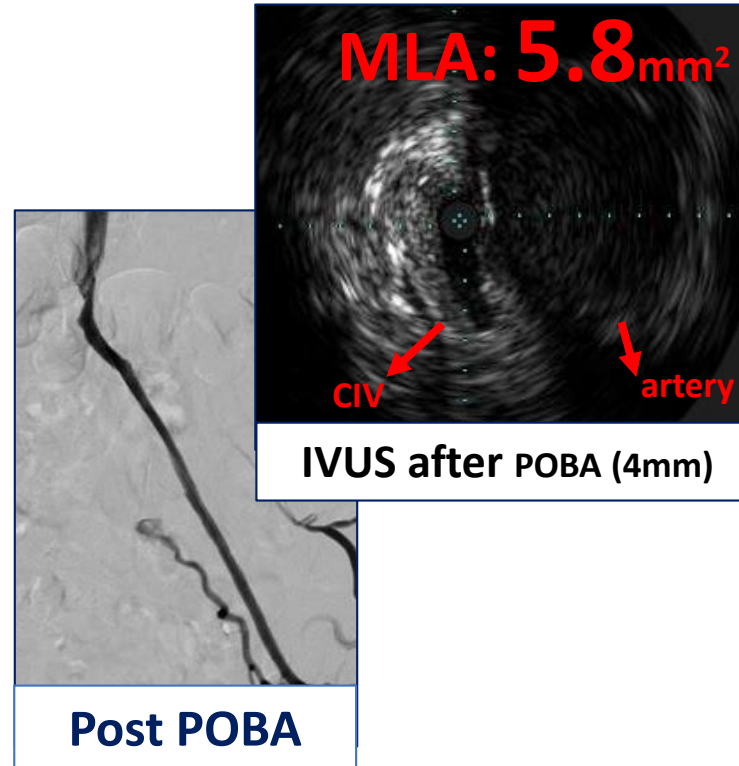
<Case presentation>

A **70s** female who had history of recurrent **DVT** presented to our hospital because of complaining of left lower limbs swelling.

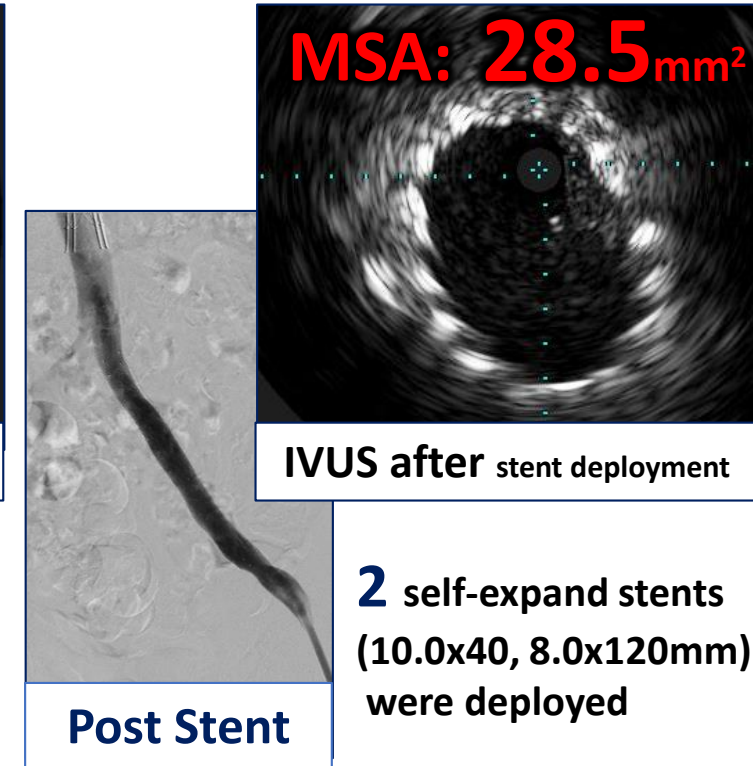


Compression of the left **CIV** between the left **CIA** and **lumbar vertebral body**.

May-Thurner syndrome (MTS)



Post POBA

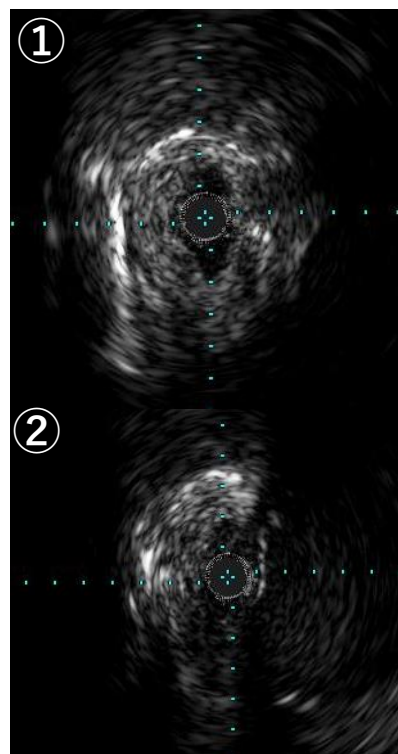
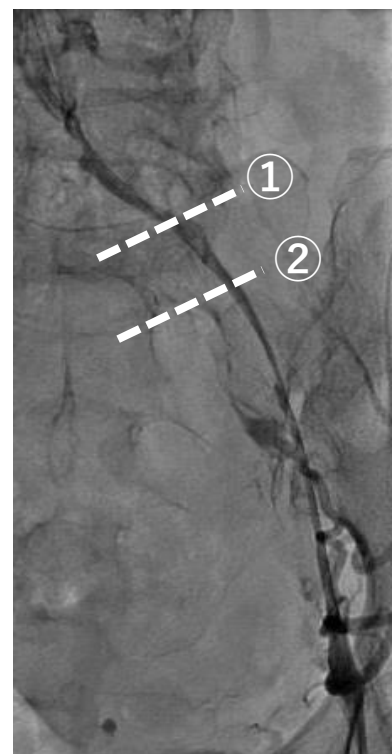


IVUS after stent deployment

2 self-expand stents (10.0x40, 8.0x120mm) were deployed

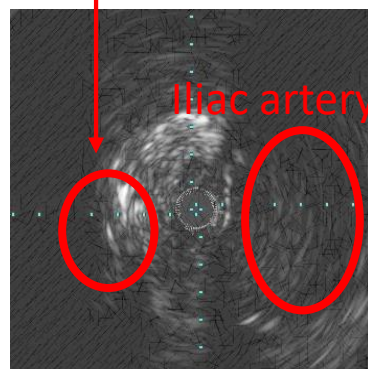
Post Stent

<Endovascular therapy>



Intimal thickness of CIV

Lumbar vertebral body



<4 cases of stent implantation for MTS>

Case	Age	Sex	Reason for intervention
1	79	F	Recurrent DVT (3 times)
2	85	F	Massive thrombus
2-2	85	F	Recurrent DVT of case 2
3	83	F	Massive thrombus
4	46	F	Got worsen after thrombolysis therapy

<Conclusions>

Several studies have reported efficacy in the treatment of iliac vein compression with endovascular stenting. Like this case in which IVUS after POBA shows insufficient lumen area, endovascular stenting is useful.

DVT: deep vein thrombosis, CIA: common iliac artery, CIV: common iliac vein, POBA: plain old balloon angioplasty, MLA: minimal lesion area, DOAC : direct oral anticoagulant