

# Successful treatment of acute thrombosis (2 days ago) of left subclavian vein with initial chronic occlusion of the left brachiocephalic vein by combination CDT and balloon angioplasty described veins.

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**69-year-old female**

presented to the hospital with 2-days complaints on edema, expansion of the subcutaneous veins of forearm, arm and shoulder region on the left side, pain and heaviness in the left upper limb.

4 months ago, the patient was treated with the endovascular closure of the left atrial appendage. After that, the patient took dabigatran for 3.5 months. She stopped taking it 2 weeks before the appearance of complaints.

## DUS:

There are thrombotic masses in the subclavian vein, there is no blood flow, the vein is enlarged.

## Ds:

Acute thrombosis (2-days) of left subclavian vein.

Ischaemic heart disease. Sick sinus syndrome. Pacemaker (28.11.2015r). Endovascular closure of the left atrial auricle (14.12.2015r). Radical right mastectomy (2014) about cancer.

## Chest CT scan (OncoSearch):

Pathological changes were not detected.



**1-3 days** - CDT (streptokinase) by left brachial vein access (with periodic DUS control).



**3rd day** - control phlebography - complete lysis in subclavian vein. Stopping CDT. Recanalization and balloon angioplasty (ballon 8x100mm 16atm.) of occlusive lesion of left brachiocephalic vein (chronic occlusion). Access through the right femoral vein was also used. There were technical difficulties of recanalization and dilatation (rigid occluded segment of the left brachiocephalic vein).



**Results:** all veins of the left upper limb have a good blood flow with a good drainage to the superior vena cava. Complete resolution of signs and symptoms achieved. There`s a good clinical outcome. On 1,5 years follow-up - no clinical worsening.

**Conclusion:** in patients with combination of thrombotic occlusion of subclavian vein and chronic occlusion of brachiocephalic veins, combined use of CDT and balloon angioplasty can be safe and effective.