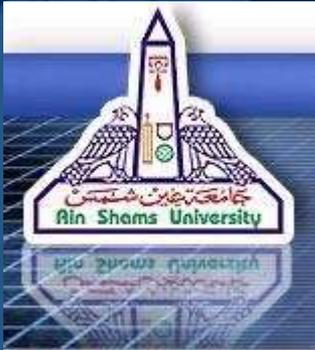


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Role of only Balloon dilatation in treatment of postphelibitic patients with ilio-caval obstruction and good venous inflow



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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest

Objective:

The aim of cases report is to assess the role of Balloon dilatation without stenting in treatment of postphlebetic patients with ilio-caval obstruction and good venous inflow

Review of Literature

Peters and colleagues (2012) report 3 cases and Zander (2008) reports 1 case of successful intervention in May-Thurner compression with angioplasty. However, Patel (2000) reports that 10 women with symptomatic May-Thurner syndrome failed an initial course of angioplasty and subsequently progressed to urokinase and stenting.

One retrospective case review from a surgical registry included 15 May-Thurner cases in which venous angioplasty with stenting restored and maintained venous flow through the compressed area. Titus and colleagues (2011) described a series of iliofemoral venous angioplasty and stenting occurring over a 4-year period.

Raju and colleagues (2009) reported on 167 post-thrombotic total iliac occlusions which had been treated with percutaneous recanalization. The procedure was reportedly successful in 129 of 167 limbs (83%). During a 48-month follow-up period, 39 out of 139 stented limbs (28%) occluded. A total of 17 of these individuals had patency restored but 7 later re-occluded. The 4-year secondary stent patency was 66%

Subjects and Methods

cases series. 3 female patients aged 40, 33 and 35 years old presented with lower limb ilio-femoral deep venous thrombosis (DVT). they received treatment for at least 6 months in the form of anticoagulation and elastic stocking. They are proved hypercoagulable state (deficiency of protein c ,s- factor 5 mutation) .they are complaining of unilateral lower limb swelling which doesn't improved with conservative management for 7-12 months .one of them presented with pigmentation at gaiter area

Investigation:

CT venography shows good venous inflow in the form of patent femoral, profound femorais and common femoral vein while iliac veins has stenosis and / or occlusion with IVC diseased or occluded up to infrarenal part

Operative details:

Ultrasound guided popliteal vein access. Standard and stiff hydrophilic 0.035 guide wires. High pressure Balloons 16* 100 and 18 *100 were used for 3-5 minutes for repeated times. Post operative received anticoagulation.



Results

- * Improvement of symptoms.
- * Angiographic successful patency of iliac veins and IVC.
- * 1 years patency follow up duplex.

Conclusion

Balloon dilatation without stent in treatment of postphlebotic ilio-caval obstruction with good venous inflow has a good primary patency without risk of stent occlusion or thrombosis

THANK YOU

