DEEP VENOUS THROMBOSIS AND ILIAC VENOUS OBSTRUCTION

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DISCLOSURES

• VOLCANO
• VENITI
• TIGER SURGICAL (TOURNIQUET)
The left common iliac artery also compresses the left common iliac vein. Caggiati A

The anatomy of iliac vessels was evaluated by computed tomography (CT) in 100 asymptomatic individuals.

Compression of the LCIV by the LCIA was found in 20%

Compression by the RCIA occurred in 25%

Compression by both iliac arteries in 21%.
Arterial compression of the right common iliac vein; an unusual anatomical variant.
Molloy S¹, Jacob S, Buckenham T, Khaw KT, Taylor RS

A case report of compression of the right common iliac vein by the right internal iliac artery. The patient presented with ipsilateral lower limb oedema
Iliac vein compression as risk factor for left- versus right-sided deep venous thrombosis: case-control study.

230 consecutive patients (94 men, 136 women; mean age, 57.5 years; range, 10-94 years) at one institution who had undergone contrast material-enhanced computed tomography of the pelvis prior to a diagnosis of unilateral DVT.

Patients with right DVT were more likely than those with left DVT to have a history of pulmonary embolism.

Increasing levels of percentage compression were not associated with left-sided DVT up to 70%; however, greater than 70% compression may be associated with left DVT.
CONCLUSIONS:
Stenosis of the LCIV was found to be a strong independent risk factor for development of DVT. Moreover, each millimeter decrease in CIV diameter increased the odds of DVT by a factor of 1.68.
TECHNOLOGIST FINDINGS: 2 EXAMS

I. V. C. + Bil. Iliac. - There appears to be a narrowing in the left mid IVC, consistent with May-Thurner. The distal IVC and both proximal Iliacs appear narrowed. Both EIVAs augmented.

II. Left LE Venous Duplex - Chronic DVT in one of enlarged node. The left psoas with total obstruct. The left CFV through the pelvis are patent; a phasic - there is a duplicated femoral. There is deep reflux noted in the left P+Vs, A+Vs, a psoas. The left GSV is patent with no significant reflux.
Note high velocities in CIV under CIA and non-phasic flow in collaterals
Note loss of phasic flow below compression or obstruction
RECENT HISTORY

• 10 day hx of hicups and vague chest pain
• 4 day workup at MC focused on cardiac/GI dx but all tests negative
• 4 day history of focal leg pain right calf
• Serious chest pain OCT 5 11pm
• Progressive calf pain; came to AZHH ER
“60 DAYS AGO AT Heart Hospital
...this morning on summit of Camelback Mountain” 12/20/14
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