

中文題目：髂靜脈壓迫症候群病例報告

英文題目：May-Thurner Syndrome: A case report

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Introduction:

Deep vein thrombosis (DVT) is a common disease, the thrombosis can be resulted from anything that affects your blood clotting or circulation, such as injury to a vein, surgery, certain medications and limited movement. May-Thurner syndrome(MTS) is an uncommon condition in which patients develop iliofemoral deep venous thrombosis (DVT) due to an anatomical variant of iliac vein with long-term disabling complications

Case Report:

An 88-year-old man presented 3 days of acute aggravation of left lower extremity erythematous change and swelling associated with dull throbbing pain. The patient had medical history of hypertension, hyperlipidemia, bilateral nodular goiter post bilateral lobectomy, left lower leg phlebectomy 10 years ago. Daily medication were amlodipine, olmesartan, tamsulosin, pravastatin. He had no significant family history. He had no history of smoking or alcohol use. On physical examination, the patient's vital signs were within normal limits. Local heat, swelling, erythematous change over left lower extremity without crepitus, fluctuance were noted. There was small skin ulcer 3*3cm without foul smell or discharge near left ankle. No palpable lymphadenopathy node over left inguinal area. A complete blood count and basic metabolic profile were within normal limits. The prothrombin time was 12.1 seconds, international normalized ratio (INR) 1.01, and activated partial thromboplastin time 33.5 seconds. Left lower extremity ultrasound revealed total occlusion of left external iliac vein and left common femoral vein (figure 1); right side deep veins are within normal limits (figure 2). Previous contrast-enhanced computed tomography revealed in the left common iliac vein compressed by the right common iliac artery (figure 3). Percutaneous transluminal angioplasty and stenting revealed May-thurner syndrome(Figure 4 & 5). The patient remained on systemic anticoagulation and significant improvement of swelling and pain during subsequent weeks was noted. The patient continued received anticoagulation at follow-up OPD without any recurrence of pain or swelling.

Discussion

May–Thurner syndrome (MTS) was first described on 1957, which is an anatomical condition that left common iliac vein compressed by the right common iliac artery. MTS can cause leg swelling, venous claudication, venous ulceration, deep venous thrombosis, or pulmonary embolism. Endovascular treatment with stent placement is feasible for targeting toward reducing the severity of the chronic venous stenosis/occlusion. Further anticoagulation agent use is suggested after endovascular intervention.

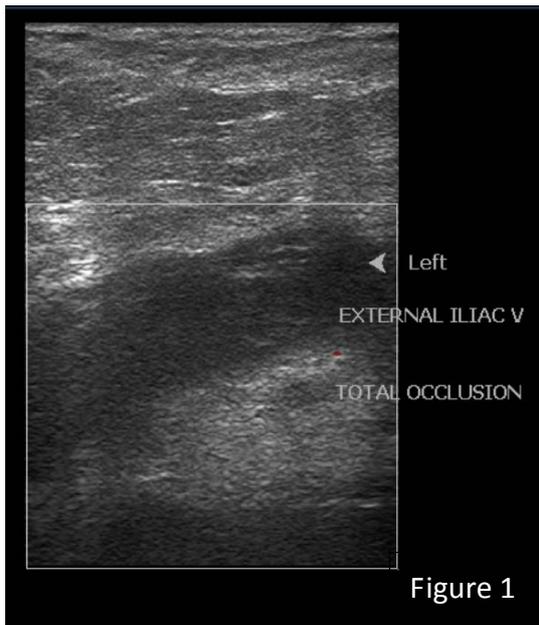


Figure 1
Total occlusion of left external iliac vein

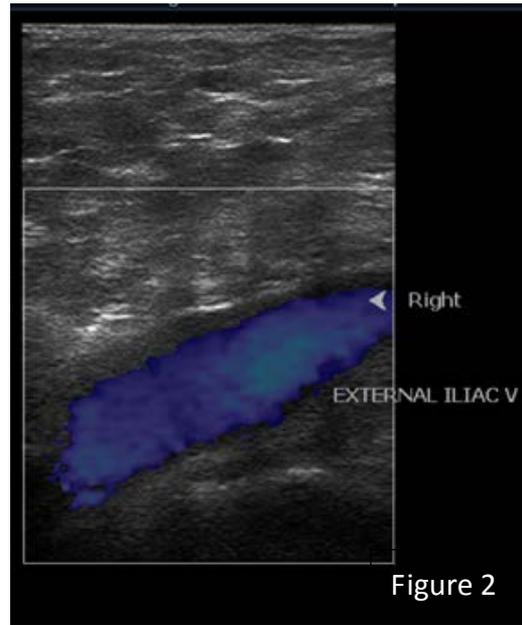


Figure 2
No occlusion of right external iliac vein

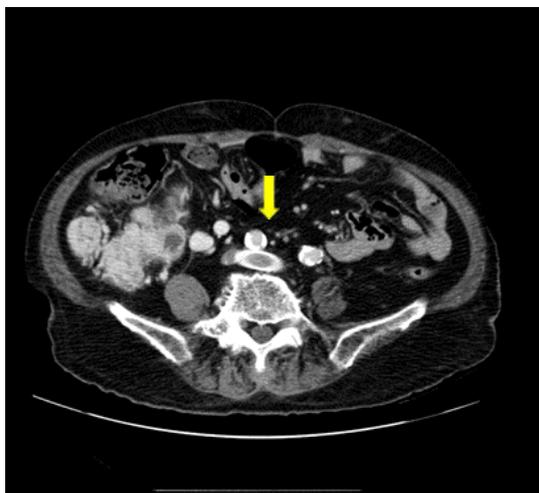


Figure 3
Left common iliac vein compressed by the right common iliac artery (yellow arrow)

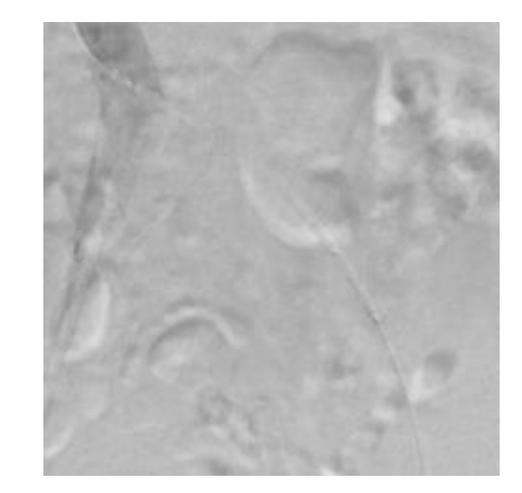


Figure 4
Angiography showed revealing occlusion of the left common iliac vein

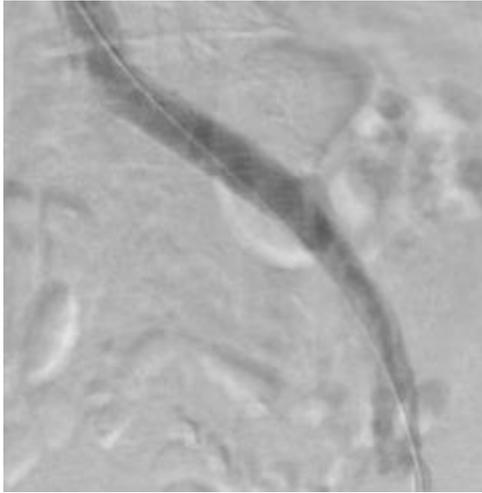


Figure 5

Angiography showed successful endovascular therapy with aspiration and Stent of left common iliac vein.

References:

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