

ILIAC VEIN COMPRESSION SYNDROME (COCKETT MAY-THURNER) IN A PATIENT WITH CHRONIC VENOUS THROMBOSIS OF THE LEFT LOWER LIMB CASE REPORT

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Abstract: Clinical syndrome in which the right common iliac artery extrinsically compresses the left common iliac vein, causing venous congestion in the pelvis and left lower limb, pelvic pain, varicose veins and thrombosis.

Keywords: iliac vein compression, Cockett, May-Thurner.

INTRODUCTION

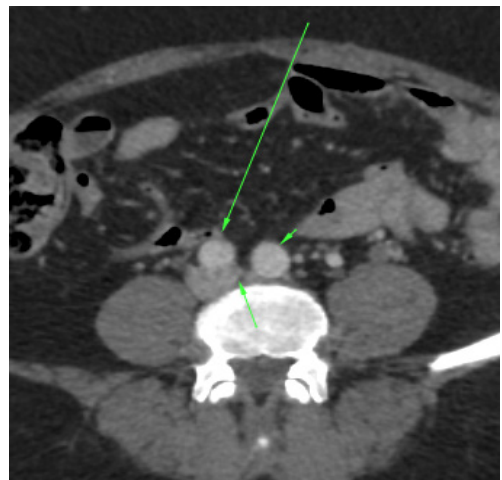
Clinical syndrome in which the right common iliac artery extrinsically compresses the left common iliac vein, causing venous congestion in the pelvis and left lower limb, pelvic pain, varicose veins and thrombosis. Predominance in young women, between the second and fourth decades of life. Taking into consideration, potential complications, it must be treated before irreversible changes in the venous system. Non-invasive methods such as Doppler echocardiography can be used, but CT angiography and magnetic resonance angiography exhibit greater diagnostic accuracy.

CASE REPORT

53-year-old female patient. He reports a history of venous insufficiency of the left lower limb and associated episodes of venous thrombosis, under treatment. She also reports the appearance of superficial varicose veins in the vulvar region. The attending physician requested a computed tomography angiography study of the abdominal aorta and iliac vessels with arterial and venous phases.



COMPUTERIZED ANGIOTOMOGRAPHY (arterial phase) The image shows compression of the origin of the left common iliac vein (short arrow) by the right (long arrow) and left common iliac arteries (arrowhead) against the vertebral body.



COMPUTERIZED ANGIOTOMOGRAPHY (venous phase) The image shows compression of the origin of the left common iliac vein (short arrow) by the right (long arrow) and left common iliac arteries (arrowhead) against the vertebral body.



COMPUTERIZED ANGIOTOMOGRAPHY (venous phase) Asymmetry in the caliber of the external iliac veins. On the right (long arrow) there are signs of ectasia due to hyperflow. Left (short arrow) of reduced caliber, due to chronic thrombosis.

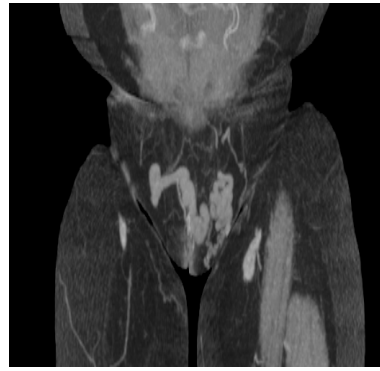
Collateral circulation ectasia. Pelvic varicose veins, tributaries of the internal iliac veins.



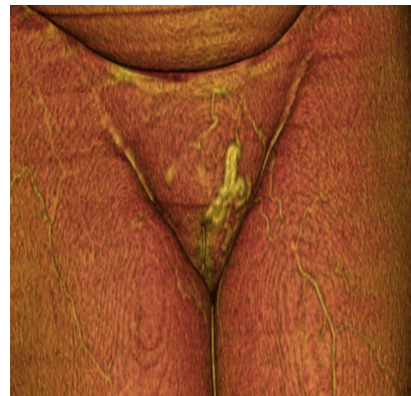
Vulvar varicose veins, establishing communication between the right and left common femoral veins (arrows).



Vulvar varicose veins (image above; Maximum intensity projection - MIP).

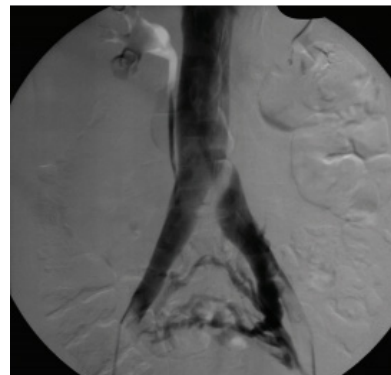


Vulvar varicose veins (image above; Maximum intensity projection - MIP).



Vulvar varicose veins (Volumetric rendering)

Another similar case from the literature:



CAVALCANTE LP, Souza JES, Pereira RM, Bernardes MV et al. Iliac vein compression syndrome: literature review. *J. Vasc. bras.* [Internet]. 2015 Mar [cited 2019 Mar 14]; 14(1): 78-83. Classic phlebographic findings: impression of the right common iliac artery crossing the left common iliac vein (subtraction image), slight upstream venous dilation and presence of pelvic collateral circulation.

DISCUSSION

The method of choice for diagnostic confirmation consists of phlebography, in multiple views, with measurement of pressure gradients. Endovascular treatment is safe and effective and can replace open surgical reconstruction and/or full anticoagulation.

Before labeling patients as having primary valvular insufficiency, this syndrome must always be remembered in the differential diagnosis of venous insufficiency of the left lower limb, with or without the presence of associated thrombotic episodes for early diagnosis and treatment, thus avoiding future complications.

REFERENCES

Cavalcante, LP et al. Síndrome de compressão da veia ilíaca: revisão de literatura. *J. vasc. bras.* [Internet]. 2015 Mar [cited 2019 Mar 14]; 14(1): 78-83. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1677-54492015000100078&lng=en. <http://dx.doi.org/10.1590/1677-5449.20140027>. CIL BE, Akpinar E, Karcaaltincaba M, Akinci D. Case 76:

Cavalcante LP, Souza JES, Pereira RM, Bernardes MV et al. Síndrome de compressão da veia ilíaca: revisão de literatura. *J. vasc. bras.* [Internet]. 2015 Mar [cited 2019 Mar 14]; 14(1): 78-83. Achados flebográficos clássicos: impressão da artéria ilíaca comum direita cruzando a veia ilíaca comum esquerda (imagem de subtração), discreta dilatação venosa à montante e presença de circulação colateral pélvica.

May-Thurner syndrome. *Radiology.* 2004;233(2):361-5. <http://dx.doi.org/10.1148/radiol.2332030152>. PMID:15516613.

COCKETT, FB et al. The iliac compression syndrome. *Br J Surg.* 1965;52(10):816-21. <http://dx.doi.org/10.1002/bjs.1800521028>. PMID:5828716 3. MAY R. The cause of the predominantly sinistral occurrence of thrombosis of the pelvic veins. *Angiology.* 1957;8(5):419-27. <http://dx.doi.org/10.1177/000331975700800505>. PMID:13478912.