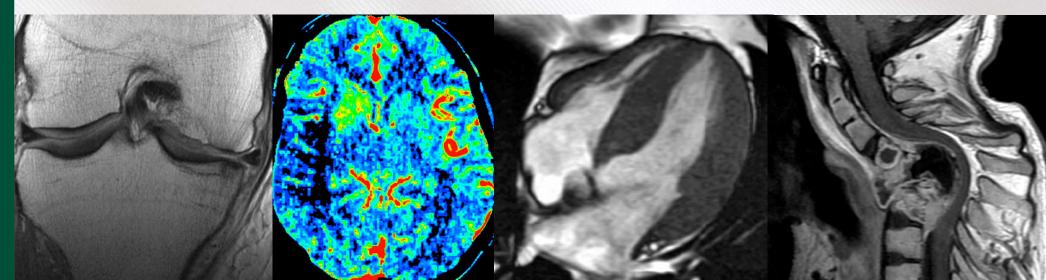




May-Thurner Syndrome: A Rare Presentation

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> Patient Presentation

- CC: Abdominal pain
- HPI: 60-year-old female with PMH significant for hypertension presented to the ED following a groundlevel fall, altered and with significant abdominal pain.
- Surgical History: Hysterectomy, appendectomy
- Family History: No history of bleeding or clotting disorders
- Social History: Never smoker



> Patient Presentation

Physical Exam:

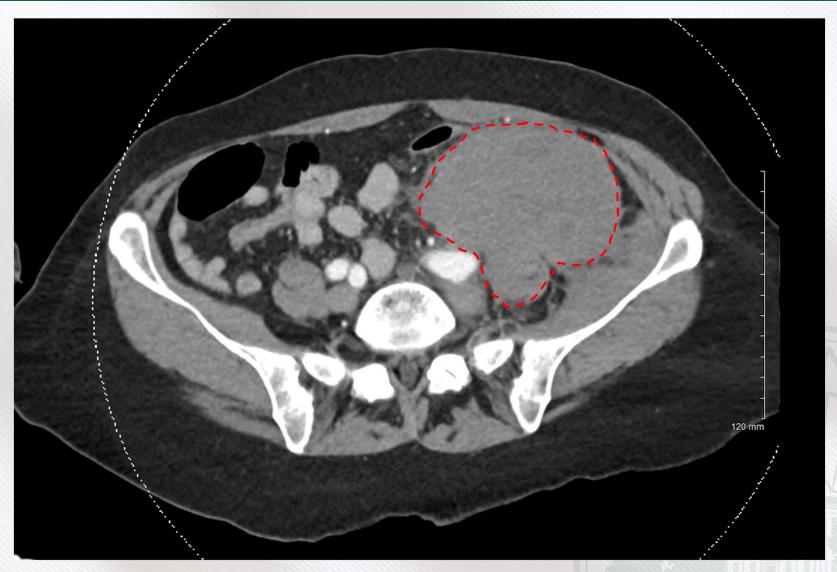
- Vitals: BP 114/83, HR 81, T 36.6 C, RR 23, SpO2 96% RA
- Pulmonary: Respirations unlabored and symmetrical. Lungs clear to auscultation bilaterally.
- Cardiovascular: RRR with no murmurs, rubs, or gallops. No JVD.
- Abdominal: Soft, abdominal tenderness to palpation in LLQ and left flank.
- **Extremity:** Left lower extremity swelling, without pitting edema. Left lower extremity cool to touch.

Labs:

- CBC: Hgb 9.7, WBC 18.53
- Lactic acid: 2.3
- COVID -19 PCR: detected



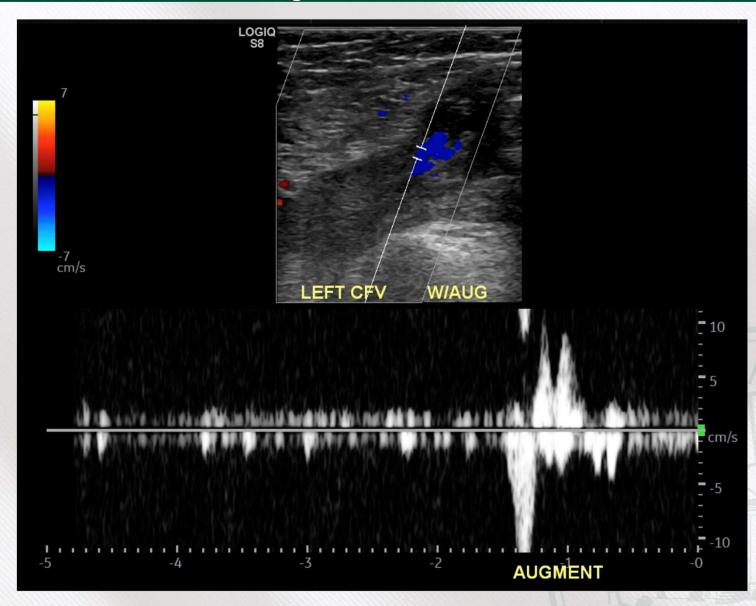
> Initial Imaging





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Lower Extremity Ultrasound





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> What Next?

 IR consulted for IVC filter placement given contraindication to anticoagulation

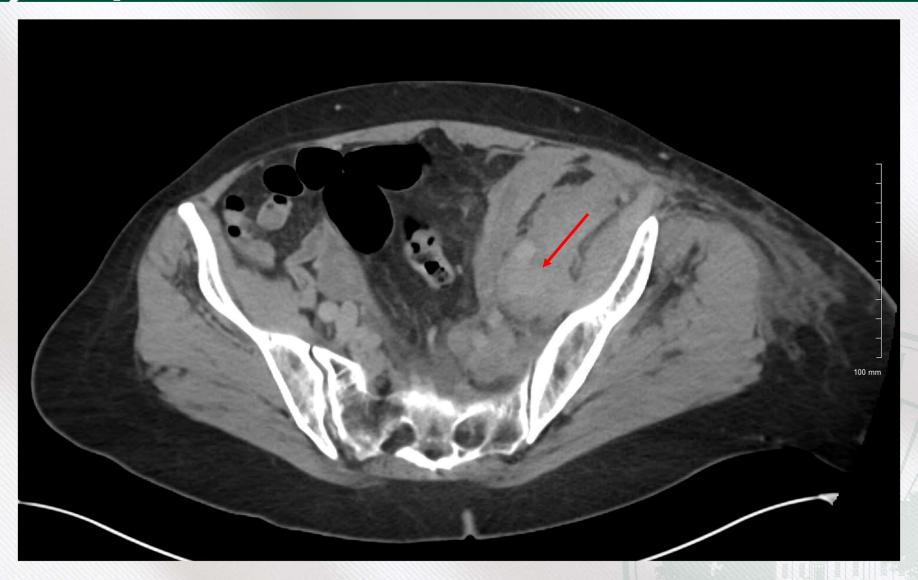
On POD#2 s/p IVC filter placement there was a 1 g drop in hemoglobin



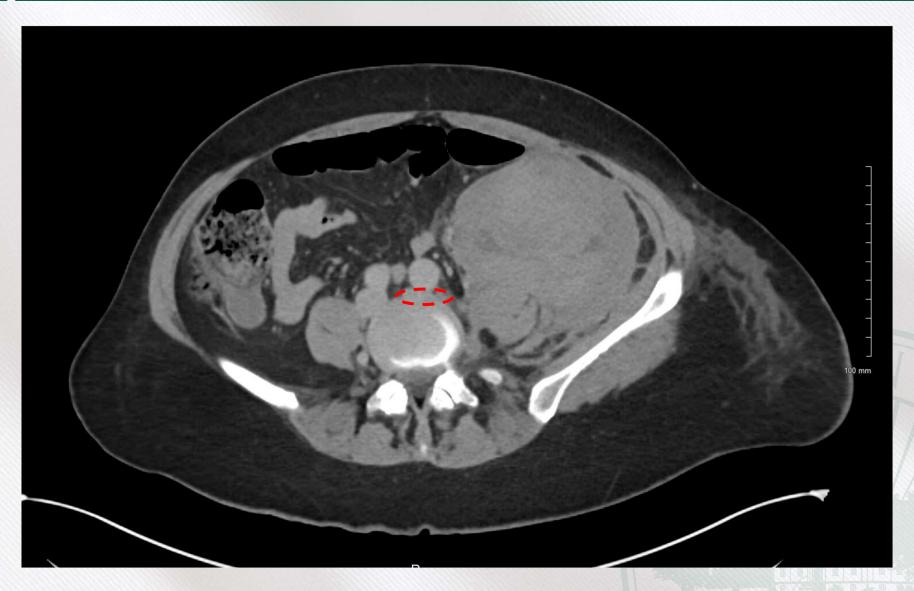
> Stat CTA Abdomen and Pelvis



> Ruptured Left External Iliac Vein



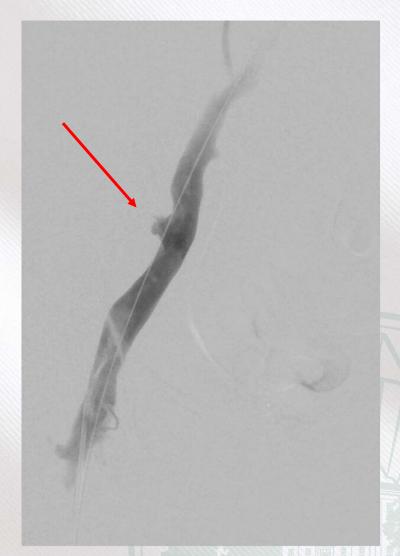
> May-Thurner Syndrome



> Venogram

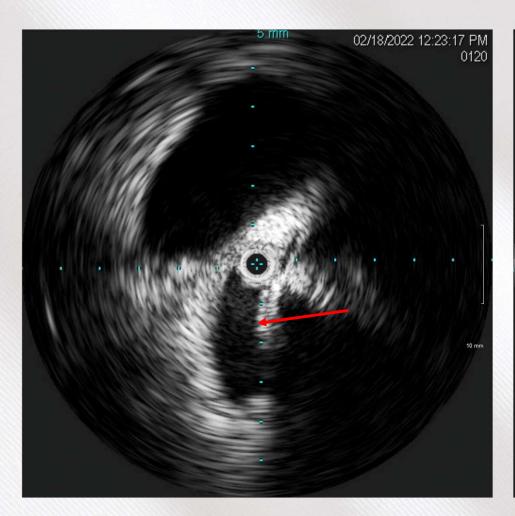


Before Mechanical Thrombectomy

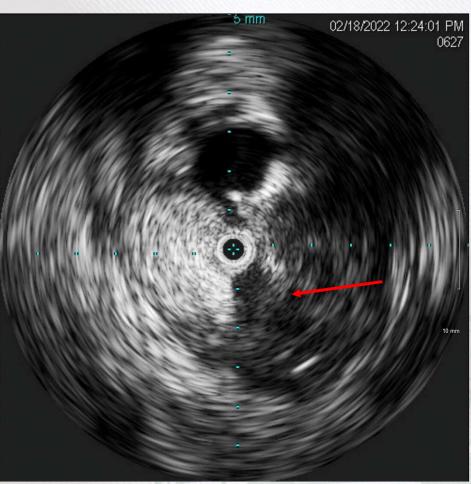


After Mechanical Thrombectomy

> Intravascular Ultrasound



Compressed Left Common Iliac Vein



Left External Iliac Vein Disruption

Stenting

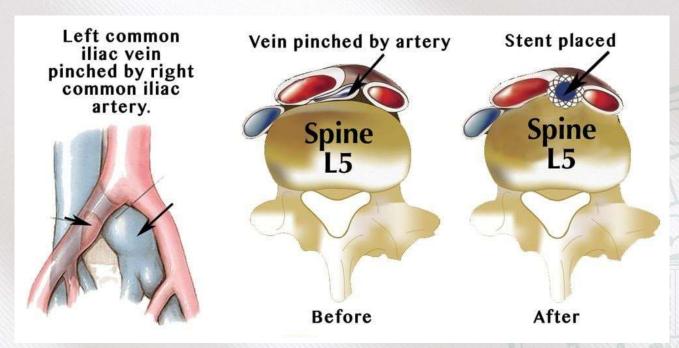
- Uncovered stent
 - MTS defect

- Covered stent
 - Left external iliac vein defect



> May-Thurner Syndrome

- An anatomically and pathologically variable condition leading to venous outflow obstruction secondary to extrinsic venous compression in the iliocaval venous territory
- Most commonly due to compression of the left iliac vein between the overlying right common iliac artery and the fifth lumbar vertebrae



> Clinical Takeaway

- MTS presenting with a ruptured iliac vein and retroperitoneal hematoma is a rare presentation.
- There are only a small number of reported cases of spontaneous rupture of the iliac vein.
- These cases have occurred predominantly among middleaged or elderly women. With the rupture occurring on the left side in most cases.
- Most cases in the literature were operated under the misdiagnosis of a ruptured aortic aneurysm or an abdominal catastrophe due to a gynecological problem.
- High clinical suspicion and CT scan play an important role in the correct pre-operative diagnosis.



> References

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