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RESEARCH ARTICLE

A RARE CASE OF DVT - MAY THURNER SYNDROME.

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Abstract

May-Thurner syndrome is one of the rare causes of lower limb deep vein thrombosis resulting from chronic compression of the left iliac vein against lumbar vertebrae by the overlying right common iliac artery. MTS can present as acute or chronic deep vein thrombosis leading to pulmonary embolism (PE), chronic leg pain, chronic ulcers, or skin pigmentation. Recent studies have suggested endovascular management as front-line treatment as it actively treats both the mechanical compression with stent placement and the thrombus burden with chemical dissolution. Herein we report a rare case of 34 year male presenting with unilateral lower limb swelling evaluated to be a case of May Thurner syndrome.

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Case:-

A 34 year male presented to us with complaints of left lower limb swelling and pain since 3 days with no history of fever, trauma, prolonged immobilisation, burns, recent travel, recent surgery or radiation exposure, previous similar episodes of lower limb swelling. On examination, vitals were stable with swelling and tenderness of left leg from ankle to thigh, circumference of which was 13 cm more than the right one, no leg ulcers, varicosities or skin discoloration. Peripheral pulses (dorsal pedis artery & popliteal artery) were palpable in both lower limbs. Laboratory work up done were within normal limits which included hemogram, metabolic panel, D-dimer assay, coagulation profile, serum APLA markers (aCL, LAC, β 2GP1) or ANA. Colour Doppler of left lower limb blood vessels showed extensive thrombus in left common iliac vein, femoral vein and popliteal vein. Subsequent contrast abdomino-pelvic tomography done, confirmed the presence of thrombus in left common iliac vein compressed by right common iliac artery with no evidence of pelvic mass. Patient was managed with surgical thrombectomy with endovascular stent placement followed with anticoagulants. The patient had no recurrence of similar symptoms till date and is doing well.

Discussion:-

May-Thurner syndrome or ilio caval compression syndrome or cockett syndrome is a congenital anomaly in which left iliac vein is compressed by right common iliac artery¹(Fig 1)while crossing, causing extensive intimal proliferation, deposition of elastin and collagen leading to venous spur and deep venous thrombosis. It presents as acute or chronic DVT. The clinical prevalence of MTS related DVT accounts for only 2%-3%² of all lower extremity DVT's and is common in females (female male 3:1³)in the age group of 20-40 years⁴. Patients of MTS are treated when symptomatic. The mainstay of treatment is removal of the clot with pharmaco- mechanical thrombolysis and mechanical thrombectomy and to repair the anatomical defect with the use of stents and balloon venoplasty^{3,4}. Anticoagulants are used for at least six months to prevent restenosis post surgical intervention. Our patient was a male with acute presentation with evidence of DVT due to left common iliac vein compression by right common iliac artery.

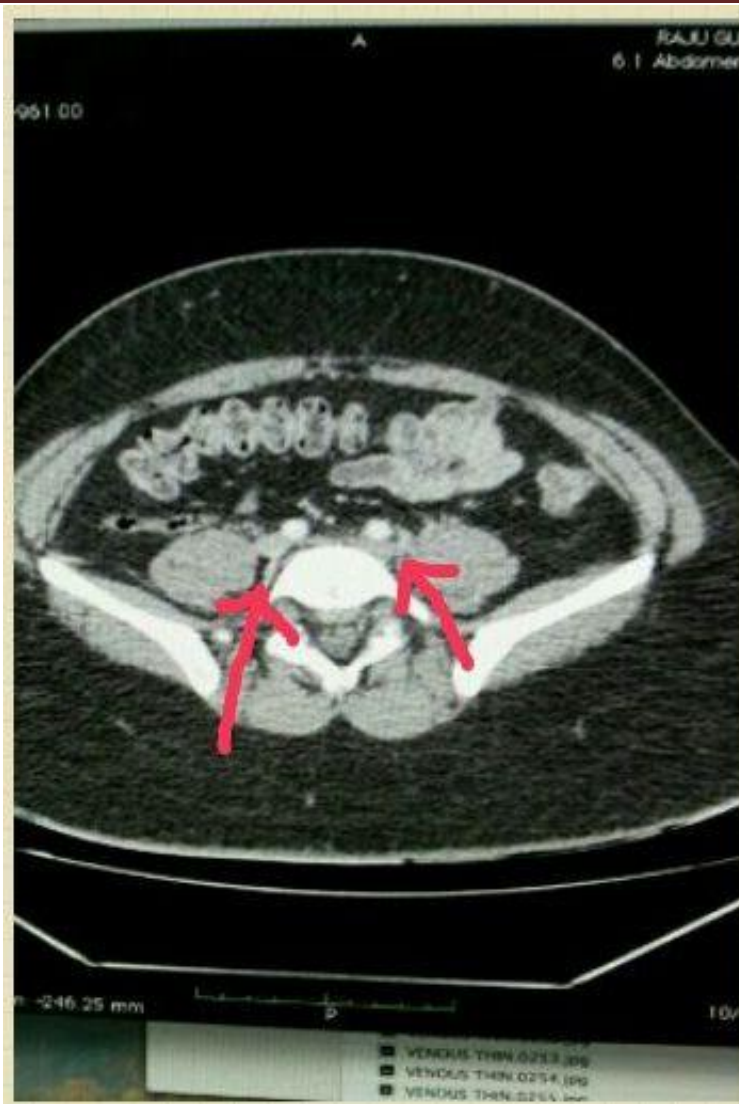
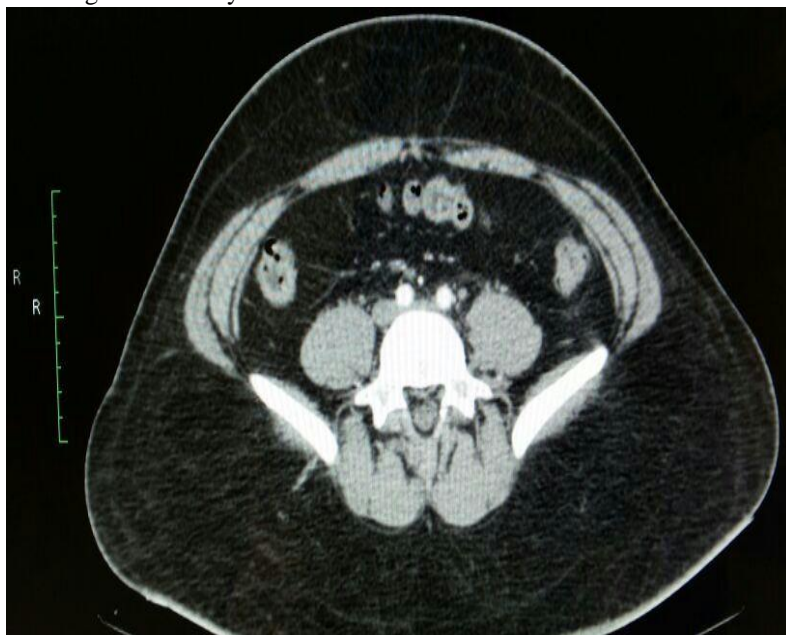


Fig 1: Showing the compression of left iliac vein by right iliac artery and thrombus in left iliac vein



Conclusion:-

May –Thurner should be considered in patients of unilateral leg swelling and symptoms suggestive of DVT especially in young patients. In some cases, it is associated with duplication of left femoral vein and may also present with pulmonary embolism. One should be careful as missed thrombus in second limb can lead to catastrophies.

Abbreviation : Acl – anticardiolipin antibody , LAC – lupus anticoagulant , MTS – May –Thurner syndrome , DVT – Deep vein thrombosis ,

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