Persistent Venous Insufficiency After Venous Ablation

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Disclosure

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I do not have any potential conflict of interest
History and Physical

- Patient is a 62 athletic male who is sent to the IR clinic with complaints of progressively worsening left leg pain and swelling.
- PE: 1+ edema, moderate sized varicosities LLE.
- Has been wearing stockings will less and less relief.
- VCSS: 10
Venous Duplex

GSV Reflux 717 msec

CFV Reflux 1 second
• Patient did well initially.
• Presents one year later 2013 with new complaints of pain, swelling and enlarging vvs.
• Repeat venous duplex ordered.
Left Small Saphenous Vein is 9 mm. Reflux at the Saphenopopliteal junction is 917 msec. Prior study, SSV was 2.5 mm.
Patient undergoes Left SSA RFA
• 2013, the patient has a good clinical result, with VCSS down to 3.

• 2019, patient represents 6 years later with recurrent symptoms, VCSS back up to 9.

• Venous iliac compression suspected.
• CT ordered.
Venogram and IVUS

• May-Thurner Syndrome suspected.
20 mm Wallstent placed
• In follow up, patient has had complete resolution of edema and pain.

• Should I have suspected May-Thurner Syndrome earlier? Maybe...
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