ENDOVASCULAR TREATMENT OF CAVA-ILÍACA TROMBOS

Dalila Barbosa Delfino & Josualdo Euzébio da Silva
Disclosure

Speaker name: Dalila Barbosa Delfino

I have the following potential conflicts of interest to report:

- [ ] Consulting
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [x] I do not have any potential conflict of interest
Cockett syndrome, is the compression of the left common iliac vein by the right common iliac artery against the fifth lumbar developing intraluminal lesions, by mechanical compression and strength of the arterial pulsation.

Most cases are asymptomatic, but with progression of the disease can cause symptoms of venous hypertension such as edema in left lower member.

STUARTS, 2017; MOUSA, 2018; POGORZELSKI, 2017; RODRIGUES, 2017
INTRODUCTION

In the suspicion of cockett syndrome, imaging exams should be used, with Duplex Scan being the most easily accessible, the exam considered gold standard is Phlebography.

The treatment will be defined according to the patient's symptoms, in the first choice we have the endovascular treatment with mechanical thrombectomy. The use of the vena cava filter is still controversial due to possible complications. In some cases stent implantation in the iliac vein is necessary to resolve the stenosis.

MOUSA, 2018; RODRIGUES, 2017
OBJECTIVE

Show that thrombolytic mechanical thrombectomy is possible with total recanalization of the iliac vein and stent implant is indicated to maintain vessel patency.
CASE DESCRIPTION

• Local anesthesia and mild sedation;
• The vena cava filter was implanted through the right femoral vein below the renal vein;
• Fixed the filter introducer to the patient and placed in the prone position;
• Punctured left popliteal vein guided by echocardiography;
CASE DESCRIPTION

- Introducer 7F
- Phlebography evidenced venous occlusion with thrombus;
CASE DESCRIPTION

• Transposed to occlusion with hidrophilic 0.035 stiff wire assisted by angiographic cateter;

• Aspirex® catheter removing thrombus;
Outcome after thrombus aspiration evidence phlebography with left iliac vein stenosis.
CASE DESCRIPTION

- Wallstent® 14x90 self expanding stent implanted and accommodated with balloon catheter;
- Control phlebography performed to verify the result.
Thrombectomy is indicated in young patients to prevent post thrombotic syndrome and in patients with flegmasia cerulea. Pulmonary embolism in the procedure is low risk and the filter can be used as a protective measure. Used the Aspirex® thrombectomy catheter that has high aspiration power.
Symptomatic CS and/or iliac vein occlusion deserves evaluation and interventional treatment in the indicated cases. The use of endovascular procedures made the treatment minimally invasive with lower morbidity and mortality, requiring constant monitoring to assess stent patency.
THANK YOU

dalila.barbosa.delfino@gmail.com – Brazil – +55 (31) 99554-4106
ENDOVASCULAR TREATMENT OF CAVA-ILÍACA TROMBOS

Dalila Barbosa Delfino & Josualdo Euzébio da Silva