

A real world experience of endovascular treatment in deep vein postthrombotic syndrome, 9 year follow-up and reintervention history- a single case report.

INTRODUCTION

Post-thrombotic syndrome (PTS) is a common complication of deep vein thrombosis. Endovascular treatment strategies of PTS are still under investigation. Early experience of venous stenting dating back more than 8-10 years ago was gained by arterial stents.

AIM

The aim of this case report was to follow-up a single patient history with initial venous stenting experience for PTS treatment performed before the era of dedicated venous stents

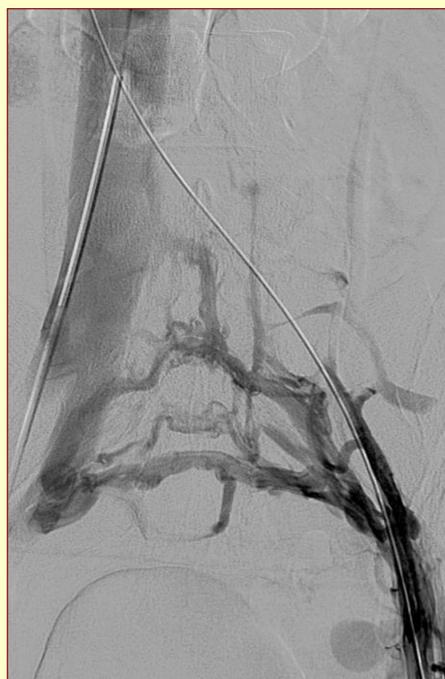
CLINICAL CASE

33 year-old woman presented in year 2009 with PTS. DSA phlebography performed: massive pelvic varicosity, left common iliac vein (CIV) occlusion, left external iliac vein (EIV) stenosis with severe post-thrombotic fibrous changes extending to common femoral and femoral vein revealed. Complete iliac vein stenting from bifurcation to groin preformed with arterial stents with subsequent resolution of symptoms. At 1 year follow-up long segment in-stent restenosis detected, balloon-angioplasty performed with good angiographic result. In next 6 years repeated balloon-angioplasties were performed for recurrent stenotic lesions in stented segment. At 8 year follow-up in- stent fracture of arterial stent in groin area detected, treated with subsequent transjugular implantation of interwoven stent to groin area. The suspected reason of recurrent restenosis was insignificant inflow due to severe postthrombotic changes in femoral segment.

CONCLUSIONS

Endovascular treatment of PTS is frequently challenging not due to iliac vein pathology, but due to limited in-flow from postthrombotic femoral vein crucial for long term patency. Stent fracture risk in groin area at long-term follow-up is with unclear incidence, therefore represents an intriguing field for further investigations.

2010 Y.



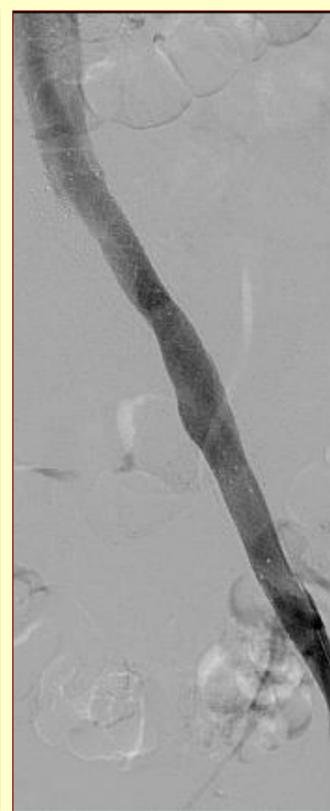
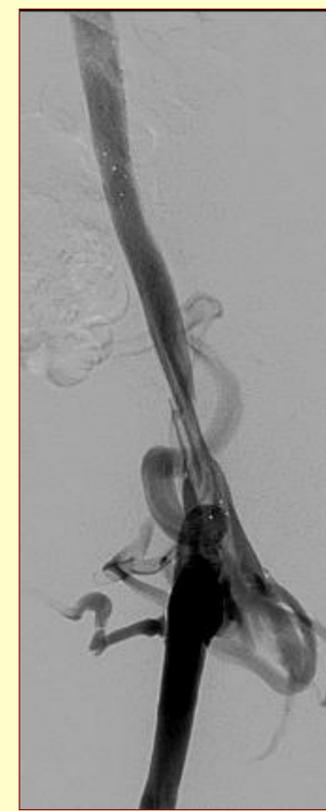
2011 Y.



2018 Y.



2019 Y.



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