A CASE OF DVT REVISITED
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Introduction
• **May-Thurner Syndrome** is an uncommon condition characterized by the compression of the left common iliac vein by the right common iliac artery against the fifth lumber vertebra.
• Chronic compression results in intimal hyperplasia leading to stenosis and increased incidence of DVT and the risk increases in young women on oral contraceptives.
• The prevalence in patients undergoing evaluation for venous disorders is 2-5%, mostly in women between second and fourth decades.

Presentation
• A 32 year-old woman on oral contraceptives presented with DVT of the left popliteal vein. Anticoagulation was started and she was discharged on warfarin.
• Days later, while INR was therapeutic. A repeat ultrasound showed DVT extension to the femoral vein. Venogram showed left popliteal, femoral, and left common iliac vein thrombosis.
• Thrombolytic was given. Repeat venogram showed almost complete resolution of the thrombus. She went home on warfarin.
• Two weeks later, and while INR was therapeutic, a Doppler ultrasound showed popliteal DVT. Hypercoagulable workup was negative as well as work up for malignancy. An IVC filter was placed.
• Angioplasty and stenting of the left common iliac vein was done. The patient was kept on low-dose aspirin and discharged on warfarin. The six-month follow-up venogram was negative for DVT.

Discussion
• Diagnosis of May-Thurner Syndrome is usually made by venography and/or intravenous ultrasound.
• Screening prior to prescribing oral contraceptives is not routinely recommended.
• Anticoagulation therapy alone is not very effective.
• Treatment includes catheter-directed thrombolysis and mechanical thrombectomy with endovascular stent placement.
• **We recommend screening in young patients with DVT who failed anticoagulation and have negative hypercoagulable work-up.**

References