Case Report of Acute Femoro-ilio-Caval DVT

Courtesy of Mr. Stephen Black
United kingdom
30 y/o female

5 days complaint of left lower limb pain and swelling of the entire limb.

Investigations show acute iliofemoral DVT with extension into the IVC

The patient is on contraceptive pills.

Later investigation shows presence of lupus antigen
CT-scan abdomen and pelvis (longitudinal)

Extension of thrombus into the IVC and present below the vessel crossing
CT-scan abdomen and pelvis (transverse)

Extensive thrombus in the IVC from CIV.
Insertion of CDT catheter

Multi-hole infusion catheter insertion from the tip of the IVC thrombus to below the femoral thrombus. Contrast dye injected through the catheter.
Venogram after 72 hours of thrombolysis. The ilio-femoral vein segment is still poorly recanalized.
A Trellis™ device is placed across the ilio-femoral vein segment, the balloons are inflated, and a segmental pharmaco-mechanical lysis is performed. There is some improvement but still poor lumen, especially in the CIV segment.
IVUS following 72 hours thrombolysis and use of the Trellis™ device
IVUS images following lysis

- Compression at the vessel crossing
- Massive residual clot load in the CIV
- Moderate compression at peripheral vessel crossing
- EIV free from clot, stenotic
- CFV patent
4 Vici Venous Stents are placed: 14 x 90mm, 14 x 90mm, 14 x 120mm and 14 x 120mm.

Post-stent venogram

Plain x-ray of stent system
IVUS following stenting showing a patent stent with some residual thrombosis in-stent. Inflow is compromised.
Because of residual thrombosis in the stent system and poor inflow, CDT is continued for 20 hours. Below final venographic outcome.
Follow-up at 8 months

On anticoagulation
Asymptomatic
No signs of postthrombotic disease
No re-intervention
DUS shows widely patent stents
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