

KEY OPINION LEADERS (KOL) FORUM

Case submission

1. ABOUT THE PATIENT

- Woman, age 51 years old
- Past medical history: DVT at 21 years old
- Present medication: none

- Was admitted to the hospital on 08-01-2024 with PE, surgical consultation on 09-01-2024 because of DVT right leg

- Patient history:

Woken up in the night of 06-01-2024 with severe right leg pain. Could not get out of bed. Went to the GP on 08-01 and was admitted in the pulmonary ward because of PE. Therapeutic heparin was started and on Jan 9th an ultrasound of het right leg was performed because of severe pain and edema.

2. DISCUSSION

Ultrasound:

Thrombosis of the inferior vena cava starting from approximately 6cm caudal to the diaphragm to the lower right leg.



Physical examination showed edema of the complete right leg. There was no motoric or sensory deficits and there was little pain at rest. She could walk small distances (a few meters) and this was painful.

Conclusion no venous ischemia (phlegmasia cerulea dolens or alba). Start compression therapy, no surgical intervention.

She was sent home 2 days later

Discussion: would you do the same?

A few days later, patient called outpatient clinic, because of increase in pain in the right leg. Clinical image did not change except increase of Edema of the right leg.

CT scan showed:

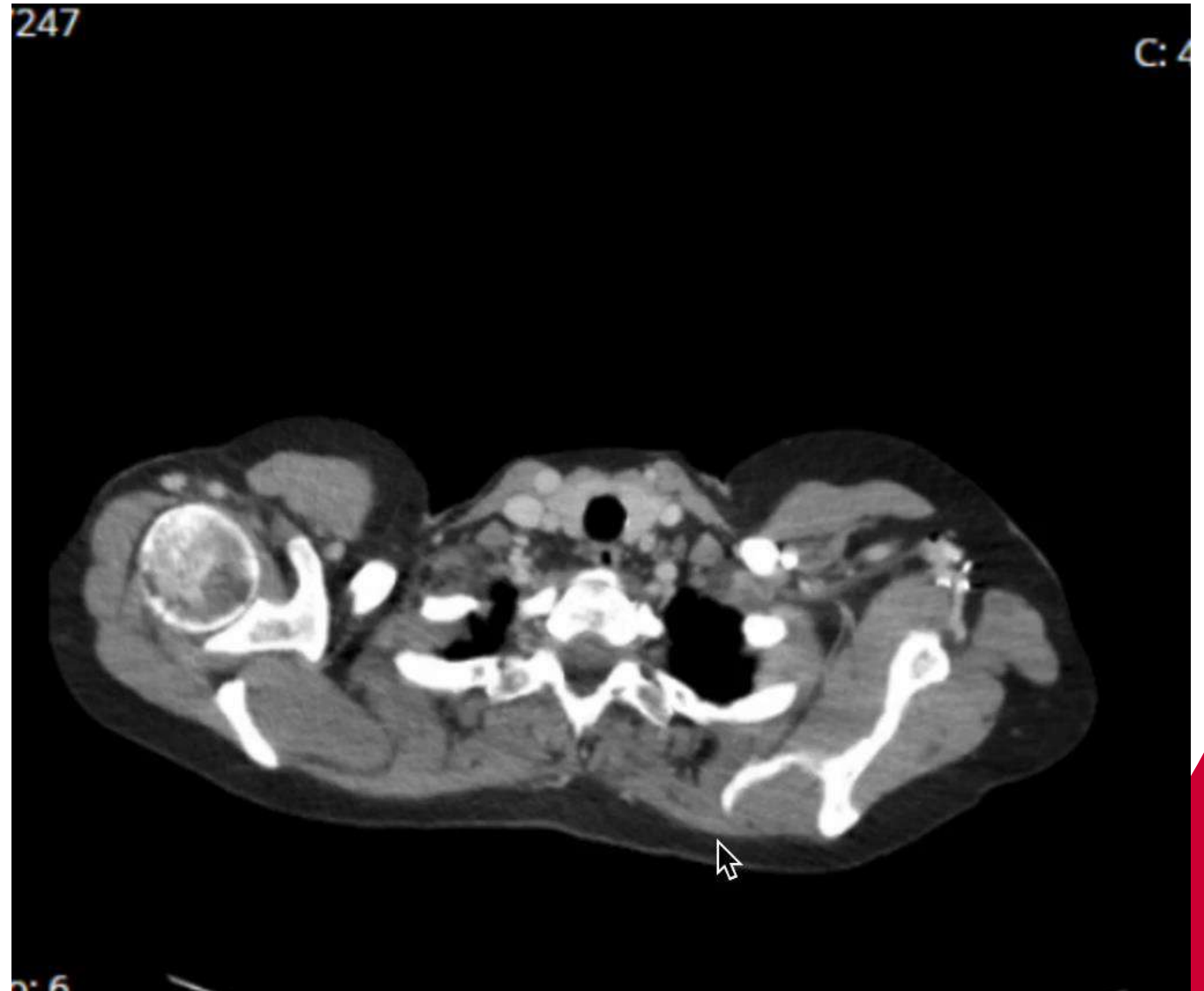
Thrombosed vena cava inferior up until the liver.

Right sided thrombosis iliacal veins and femoral vein.

Left sided thrombus of common iliac vein.

Multi disciplinary consultation:

Recanalisation trough interventional radiology



17-01-2024: flowretriever 16Fr ilio-femoral trajectory, retrieval of a lot of thrombus. Clot retriever unsuccessful. Thrombectomy, retrieval of lots of thrombus. Post-thrombotic changes/web VCI.

18-01-2024: nitinol stents right atrium. Mechanical thrombectomy iliac veins on both sides and VCI. Multiple stenosis VCI PTA POBA 8mm and 12mm. Continued suboptimal flow right leg. Rekanalisation from left side unsuccessful. (see image right side)



Clinical image improved, leg slimmed down. Pain improved.

However since there was still suboptimal flow from the right leg we discussed the case with a venous expert center. We decided to transfer her on the 23-01-2024.

In the venous expert center a CTv was performed but decided it was not necessary to take any further actions. She was sent home on 27-01-2024. We have not seen her yet for follow up at the out patient clinic.

She will use xarelto infefinately

6. CASE TIMELINE

08-01 admission ward with PE

09-01 surgical consultation

11-01 went home

16-01 re-admission, more pain. 1st venous CT

17-01 first intervention

18-01 second intervention

23-01 placement to more experienced hospital

27-01 return home

7. CONCLUSIONS & QUESTIONS

Would you have performed an intervention immediately?

What kind of intervention?

FU schedule?