

CLINICAL IMAGES

Unusual Case of May-Thurner Syndrome and Varicose Veins

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Clinical Image

May-Thurner syndrome is a rare condition resulting from the compression of the left common iliac vein between the right common iliac artery and the spine potentially leading to venous outflow obstruction [1]. This images illustrates the case of a 66-year-old woman with two months history of left leg varicose veins (Figure1) and a previous history of hypertension. At physical examination sensibility of the right lower quadrant of the abdomen was found and a pulsatile mass could be palpated.



Figure 1: Pre-operative view showing the varicose veins

Duplex ultrasound revealed a left common femoral vein (CFV) with continuous flow, suggesting proximal obstruction, and was less compressible than the controlateral one. She also had severe reflux in the left CFV and the great saphenous vein, measuring 9.5 mm at the saphenous-femoral junction, with no signs of deep veins thrombosis.

The Inferior vena cava sonogram revealed extrinsic compression of the Left common iliac vein by the right common iliac artery aneurysm, which was confirmed by performing an angiography (Figure 2).



Figure 2: Angiography demonstrating the compression of the left common iliac vein

Computed tomography demonstrated a 4.3 cm aneurysm of the right common iliac artery (Figure 3).



Figure 3: Computed tomography scan demonstrating the right common iliac artery aneurysm

Open surgery was performed through a midline incision and the aneurysm sac was opened then an end to end anastomosis was performed (Figure 4). The post-operative course was uncomplicated, and the patient was discharged from hospital on day 8 after surgery. At one month follow-up we noticed a manifest regression of the leg varicosity.

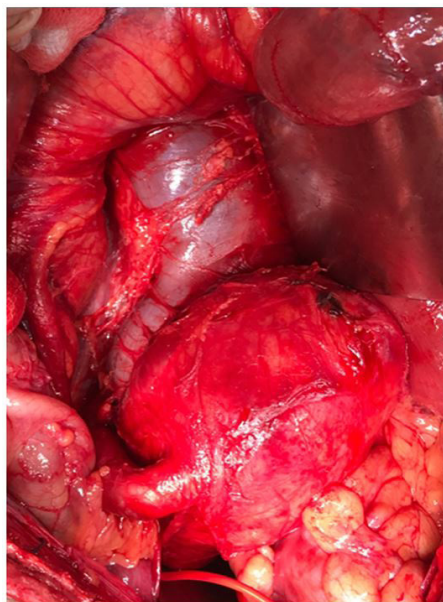


Figure 4: Intraoperative view showing the venous compression by the iliac artery aneurysm

Reference

1. Kibbe MR, Ujiki M, Goodwin AL, Eskandari M, Yao J, et al. (2004) Iliac vein compression in an asymptomatic patient population. *J vasc surg* 39: 937-43.