Venous stenting: initial experience and follow up in a Portuguese center

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ABSTRACT

Background: Endovenous stenting of the iliac veins is increasingly considered in the presence of symptomatic obstructive venous lesions in the iliacal segment. Besides being a low risk procedure, it is associated with symptom and quality of life improvement.

Methods: This is a retrospective descriptive study. Data was collected prospectively of patient's clinical records. Patient clinical, demographic and technical variables were collected. Pre-interventional CEAP C score was recorded. All patients underwent pre-operative imaging with CT venography. Follow up included outpatient observation and post-operative imaging with CT venography and/or Doppler ultrasound scan (DUS).

Results: Between 2015 and 2018, 17 patients underwent venous stenting. 9 patients (53%) had common iliac vein occlusion while 8 (47%) had common iliac vein stenosis. 6 patients (35%) had external iliac vein occlusion while 2 had stenosis.

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Results: Between 2015 and 2018, 17 patients were referred to our center due to deep venous outflow obstruction. Mean age was 39.1 years. 15 patients (88%) were female. Median CEAP C score was C3. The symptomatic limb was the left in 16 (94%) of the cases.

Of the 17 patients, 14 (82%) presented with MTS, 13 (76%) presented with post thrombotic syndrome (PTS). Among those with MTS, 12 (86%) had had a previous DVT episode. 9 patients (53%) had common iliac vein occlusion while 8 (47%) had common iliac vein stenosis. 6 patients (35%) had external iliac vein occlusion while 2 had stenosis.

RESULTS

CONCLUSIONS

All patients had a stent deployed in the common iliac vein. 4 (24%) had their stents extending into the inferior cava vein, 9 (53%) had stent deployment in the external iliac vein and 4 (41%) had their stents extending into the common femoral vein. Overall, 32 stents were deployed.

No postoperative complications were registered. Technical success was 94%. 2 patients underwent reintervention, one due to early stent thrombosis and the other due to inadequate initial stent deployment. Mean follow up was 9 months. Primary patency was 94% (Std. error 6%) at 6 months and 60% (Std. error 16%) at 12 months. Median preoperative and postoperative CEAP C score was 3 and 2, respectively.

DISCLOSURES

Although few cases have been performed in our center, results have been promising in terms of technical success and patency.

No conflicts of interest to declare.