

ABSTRACT

Background: Endovenous stenting of the iliac veins is increasingly considered in the presence of symptomatic obstructive venous lesions in the ilio caval 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.

All patients had a stent deployed in the common iliac vein. 4 (24%) had their stents extending into de inferior cava vein (ICV), 9 (53%) had stent deployment in the external iliac vein and 7 (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. 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.

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

BACKGROUND

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

PURPOSE

This study reports the initial experience and results so far in a Portuguese center.

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 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

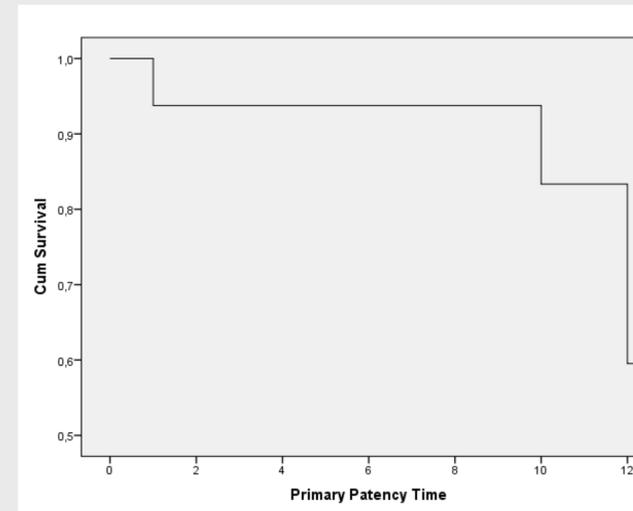


Figure 1: 12 month cumulative primary patency

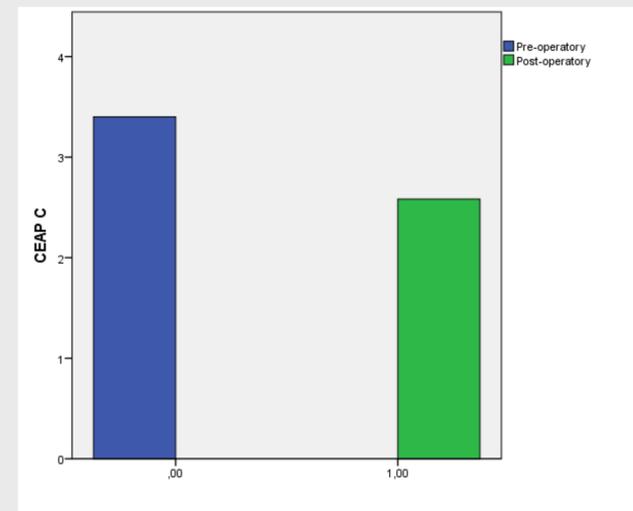


Figure 2: Pre and Post-stenting CEAP score

RESULTS

All patients had a stent deployed in the common iliac vein. 4 (24%) had their stents extending into de inferior cava vein (ICV), 9 (53%) had stent deployment in the external iliac vein and 7 (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.

CONCLUSION

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

DISCLOSURES

No conflicts of interest to declare