IVC OBSTRUCTION & LIMITATIONS IN VENA CAVA

Endovascular Therapies in challenging situations.

OBJECTIVES

Finding Extrinsic & Intrinsic causes for IVC Obstruction (Syndrome) and Explaining limited role of Endovascular Therapies in challenging situations.

METHODS

In 10 yrs span 18 patients having both lower limb gross, tender oedema, painful itching, Lipo-dermatosclerosis, Swollen leg with Skin hyperpigmentation and multiple, active leg venous ulcers with purulent discharge in some cases.

- Also presence of abdominal branch varices, venous gangrene and low backpain treated in Endovascular methods with partial success.

- We have categorised different Causes for IVC Obstruction due to Post thrombotic syndrome with systemic coagulopathy, failed long term Anticoagulation management, Neoplastic & Non-Neoplastic intrinsic obstruction, Post-operative IVC Filter blockages, Malignant & Non malignant Extrinsic IVC Obstruction and even functional obstruction.

RESULTS

- Limited role Endovascular therapies & IR management since Poor venous inflow from both Superficial & Deep veins of both legs into pelvic veins.

- Poor venous outflow from Vena cava directly into Right Atrium of heart.

- Well established collateral pathways & Alternative venous drainage, No direct venous access and even Bi-directional wire access via UV & CFV is failed.

- No immediate danger of Limb amputation unlike Critical Limb threatening ischemia in Arterial occlusion.

- No results guaranteed, Lack of dedication from operating Vascular surgeons & IR Consultants.

- Non availability of proper Cathlab Hardware Materials, lack of educational & training activities are major reasons for full, entire revascularisation of IVC.

CONCLUSION

- Questions to be answered in future attempts of IVC reconstruction:
  1. How to reconstruct entire inferior vena cava (Significant planning)?
  2. Can we deploy IVC stent via 10Fr. Sheath in Transjugular veins with bi-directional wire access?
  3. Extra hepatic & Renal IVC stenting to decompress well established Deep-superficial-intermediate & portal collateral pathways?
  4. What are the special precautions in IVC reconstructions?

DISCLOSURES

MAC- Educational Grantee Awardee as per Euro Med Tech Ethical Business Protocol.

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