May-Thurnerov sindrom: prikaz slučaja

May-Thurner syndrome: a case report

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Uvod: May-Thurnerov sindrom je kongenitalna anatomski varijanta koja je karakterizirana kompresijom lijeve ilijačne vene desnom ilijačnom arterijom što povećava rizik za duboku vensku trombozu u lijevoj nozi. Kompresija vene dovodi do razvoja fibroznog sloja kao posljedice kronične pulsativne arterijske kompresije, a kompresija i sužen lumen vene dovode do staze krvi. Sindrom se tri puta češće javlja kod žena, posebno u dobi između 20 i 50 godine života.¹

Prikaz slučaja: Muškarac u dobi od 82 godine s anamnezom dugogodišnje arterijske hipertenzije hospitaliziran je zbog bezbolne otekline lijeve noge unazad 10 dana pred prijem. U statusu se mjeri razlika u opsegu lijeve i desne natkoljenice 9 cm te lijeve i desne potkoljenice 6 cm. Vrijednost D-dimera bila je 14,87, CRP 7,8 dok je bazalni koagulogram kao i kompletna krvna slika bio bez osobitosti. Po prijemu je učinjen CDFI vena lijeve noge kojim se nije prikazalo znakova DVT. No, sve prikazane vene su bile značajno dilatirane od VFC sve do krajnje periferije. Prikazom zdjelčnih vena nađe se dilatirana lijeva VIE, u kojoj su protoci sa značajno manje prenesenim srčanim pulzacijama u odnosu na desnu VIE, što je ukazivalo na moguću proksimalnu kompresiju ili parcijalnu trombozu. S obzirom navedeno, učinjen je MSCT u arterijskoj i venskoj postkontrastnoj fazi kojim se prikazalo kako je lijeva zajednička ilijačna vena horizontalnijeg položaja te preko nje prelazi desna zajednička ilijačna arterija te tromboza lijeve ilijačne vene s propagacijom tromba u donju šuplju venu uz stazu protoka u lijevoj femoralnoj veni. Bolesnik je liječen dalteparinom, a otpušten je na kućno liječenje s varfarinom u terapiji.

Zaključak: Prikazali smo slučaj bolesnika s May-Thurnerovim sindromom koji je imao lijevostranu DVT u odsutnosti čimbenika rizika. U praćenju tih bolesnika važno je imati na umu moguće ponavljajuće duboke venske tromboze uz nezadovoljavajući učinak antikoagulantne terapije kada je potrebno razmotriti druge modalitete liječenja kao što su venska angioplastika odnosno ugradnja stenta. U četiri godine praćenja kod našeg bolesnika nije bilo ponovne pojave duboke venske tromboze te je nastavljena terapija varfarinom.

Introduction: May-Thurner syndrome is the condition of the left common iliac vein being compressed between the right common iliac artery and the associated vertebral body. This condition has been linked to spontaneous episodes of deep vein thrombosis (DVT) and it is three times more common in women, especially between 20 and 50 years of age.¹

Case report: A 82-year-old man with a history of arterial hypertension was hospitalized because of a painless swelling of the left leg which lasted 10 days before admission. In the physical status we measured the circumference of both legs and the difference between the right and left upper leg was 9 cm, and the left and right lower leg was 6 cm. The value of D-dimer was 14.87, while CRP was 7.8 and basal coagulogram as complete blood count was normal. Ultrasound Doppler venous imaging of left leg demonstrated no evidenced signs of deep venous thrombosis but all veins were significantly dilated with low flow rates which suggested a possible proximal compression or partial thrombosis. MSCT in the arterial and venous phase was done and showed that the left common iliac vein was more horizontal than usual and it was compressed by right common iliac artery. MSCT also showed thrombosis of iliac vein with the propagation of thrombus to the inferior vena cava. The patient was treated with dalteparin, and was discharged with warfarin in therapy.

Conclusion: We present a case of a patient with May-Thurner syndrome who had left-sided DVT in the absence of risk factors. The monitoring of these patients is important because of possible recurrent deep vein thrombosis with unsatisfactory effect of anticoagulant therapy and then other treatment options such as venous angioplasty and stenting should be considered. At four years of follow up there was no recurrence of deep vein thrombosis with still ongoing warfarin therapy.

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LITERATURE

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