Iliac vein compression with significant limb swelling caused by lumbosacral exostosis. Its elimination by iliac vein stenting.

Ivanov A., Medservice hospital, Salavat, Russia

74-year-old female presented for chronic left lower extremity edema, pain, venous stasis changes. During 7 months anticoagulation and compression stockings wearing were not effective. CT revealed high-grade left CIV’s stenosis-compression by a large anterolateral vertebral osteophyte off the L5-S1 disk space.

Taking the patient’s age, it was decided a low-traumatic intervention. The compression was eliminated by 16×120mm self-expanding venous stent (Abre Medtronic), 12 and 16mm high pressure balloons.

Anticoagulation was continued for long time. DUS before discharge showed the vein and stent were widely patent.

The patient remains asymptomatic without residual pain and significant swelling during 6 months of FU.

Conclusions

External compression should be on the differentials list for chronic lower extremity edema or thrombotic symptoms. This may be important in elderly with spinal osteoarthritis risk factors.

Angioplasty/stenting can to treat residual stenosis after external decompression or as a primary revascularization.

Venous stenting to leave exostosis compression and related symptoms can be considered as a monotherapy.