DEBATE: Femoral Vein Stenting Fails Often And Early

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Case 1

52 yo WM with multiple episodes of deep vein thrombosis had iliocaval stent placed for worsening post-thrombotic syndrome. Warfarin discontinued by PCP and patient developed recurrent LLE iliofemoral and popliteal deep vein thrombosis.

An office duplex imaging demonstrates an acute occlusion of stent extending from left common iliac vein to common femoral vein. Native femoral vein and profunda femoris vein also occluded.

Left iliofemoral re-intervention restores stent patency, patient symptoms improved. Notice inflow to stent via profunda femoris vein. Femoral vein recanalized with intraluminal fibrosis.
2 years later, left femoral vein with chronic obstruction and reflux patient wanted intervention to improve venous claudication in calf.

Venogram
Patient prone
Popliteal access

Recanalized EIV-CFV
16 mm Wallstent with ISR

Recanalized Pop V

IVUS, popliteal access

Duplex at 6-months shows patent femoral vein stent, patent popliteal vein. Patient anti-coagulated on rivarxaban.

Case 2
Extended Stent but did not cross knee joint.
Case 3

Balloon Angioplasty

Add Stent Into Proximal FV

Balloon Angioplasty Inadequate

Left FV Stent

Occluded at 1 month
Conclusion:

1. Femoral Vein Stenting Fails Often And Early
2. Unchartered Waters
3. May Be Of Value In Very Select Cases

Thank you!