THE USE OF IVUS TO DOCUMENT MAY-THURNER ANATOMY

Lowell S. Kabnick, MD, RPhS, FACS, FACPh

Why IVUS

Iliac Vein Obstruction
May-Thurner Syndrome

• Defined anatomically by May and Thurner in 1957.

• Defined clinically by Cockett and Thomas in 1967.

Different types of non-thrombotic iliac vein lesions
May-Thurner Syndrome

- Unknown exact incidence and prevalence
- Estimated to occur in 2 to 5% of patients with lower extremity venous disorder.
- Retrospective studies indicate that May-Thurner Syndrome can exist in as many as 22 to 24% of these patients.

Venography vs. IVUS

- Venography significantly underestimates the degree of stenosis by 30%
- Inaccurately detects obstruction in > 70% of patients
- IVUS sensitivity in detecting obstruction > 90%
- Superior in showing intraluminal details
- Trabeculations and webs
- Should be used as the gold standard
- Crucial aid in guiding stent placement

Iliac Vein Obstruction
May-Thurner Syndrome

CONTRIBUTORS

• Jose Almeida MD
• Seshadri Raju MD
• Lowell Kabnick MD
• Julian Javier MD
Case Presentation

- 54 y/o s/p Trauma
- Resulted in L AKA
- 5 years later presents with increasing edema in RLE
- Duplex shows no deep/superficial reflux and no DVT
- Gives history of swelling being better in am after sleeping supine, but much worse at end of long day
Case Presentation 1

Common Iliac Vein

External Iliac Vein

Common Femoral Vein

IVC