

Bailout for difficulty of temporary IVC filter removal

Kasukabe Chuo General Hospital, Japan

Akhiro Matsui

Background: IVCF is the useful device for the patients having venous thrombus with the possibility of fatal pulmonary embolism. However, some complications, such as migration of inserted IVCF, perforation of IVC, and so on, have been reported after implantation. Removal of inserted IVCF is recommended strongly by the Ministry of Health and Welfare in Japan.

Case Report: We show two difficult cases about temporary IVCF removal. Case-1 (82-y.o.) had DVT (common iliac) with edema in the left leg. After thrombolytic therapy with insertion of IVCF (ALN-Filter), edema was improved gradually. We removed IVCF 5-months after the insertion. As remove of it is difficult using removal kit, we used 0.035 inch guide wire. Case-2 (67-y.o.) had lumbar spinal canal stenosis (LSCS) with severe back pain and DVT. Although he had taken warfarin-potassium regularly, he had to stop it before the operation for LSCS. Because he had thrombus in bilateral femoro-popliteal vein, we inserted the IVCF (Cordis-Optease-Filter) before the operation. We removed IVCF 2-weeks after the insertion. However, we couldn't catch the hook of IVCF easily because it was buried in IVC-wall. We had to move the position of the hook from IVC wall. In this case, it was possible using pig-tail catheter.

Conclusion: Our experience is one of the useful methods for the difficulty of temporary IVCF removal.