

C060

Usefulness of transcatheter thrombectomy for a case of Paget–Schroetter syndrome(PSS)

A 35–years–old male working as a sports instructor presented with a swelling in the right upper extremity since 3 days. A large amount of thrombus was detected in the right subclavian, axillary and brachial vein without pulmonary artery embolism, by enhanced computed tomography. So the patient was diagnosed with thoracic outlet syndrome complicated deep vein thrombosis , namely Paget–Schroetter syndrome(PSS).

The treatment with heparin was started with aPTT monitoring. On 5 hospital day, despite the improvement of his symptoms, the follow up enhanced computed tomography showed that the thrombosis had remained. We performed transcatheter thrombectomy as follows. Two 8Fr sheaths were inserted into the right median cubital vein and cephalic vein each. First, We placed a temporary filter at SVC to prevent pulmonary embolization, Next, a large amount of thrombus was removed by using an 8Fr Judkins right catheter. Final angiogram showed the flow improved and urokinase were administered from 8Fr sheath. 7days after thrombectomy and thrombolysis, the follow up enhanced computed tomography showed that the thrombus had greatly reduced. The patient was planned to put on oral anticoagulant(apixaban) for a while and improved symptomatically on discharge.

Conclusion

Transcatheter thrombectomy added to thrombolysis for totally occluded vein with large amounts of thrombus burden was effective for the treatment of Paget–Schroetter syndrome(PSS).