Endovascular Treatment for Deep Vein Thrombosis Associated with Huge Uterine Myoma, A Case Report

Background: Symptomatic deep vein thrombosis (DVT) associated with uterine myoma has been rarely reported. We reported a case that endovascular treatment (EVT) and hysterectomy was performed for the symptomatic DVT caused by the vein compression with huge uterine myoma.

Case: A 71 years old female come to our office because of her leg severe swelling and pain for 2 weeks. She was also pointed out abdominal distention by our physician. CT revealed huge uterine myoma which compressed inferior vena cava (IVC) and complete thrombotic occlusion from the left common iliac vein (CIV) to popliteal vein (PV), but no findings of pulmonary embolism (PE). Firstly, she underwent total hysterectomy during temporary suprarenal placement of IVC filter to prevent PE. Temporary IVC filter was switched to retrievable IVC filter below renal veins 2 days after surgery. Anticoagulant therapy was also performed with systemic administration of heparin during perioperative surgery and apixaban from 7 day after surgery. Despite hysterectomy and anticoagulant therapy, her left leg swelling persisted and a large amount of thrombus was observed in left CIV to PV 2 weeks after surgery. EVT was performed via left popliteal vein approach 18 days after surgery. Venography showed the left CIV occlusion and a large amount of thrombus in iliac and femoral veins and continuous direct thrombolysis (CDT) using a pulse spray catheter was performed after predilation by 4X300mm balloon. CDT was continued for 2 days and total amount of urokinase was 960000U. Venography after CDT revealed the left CIV severe stenosis despite decrease of residual thrombi. Adjunctive ballooning was not effective to improve the CIV stenosis. We thought the CIV stenosis caused by iliac completion syndrome and put Epic stent 12X60mm in the CIV stenosis. The stent was not fully expanded after postdilatation using 8X40mm balloon. Sized up balloon was not used because she complained of lumbago during postdilatation using 8X40mm balloon. Her left leg swelling was rapidly improved after EVT and she was discharged with anticoagulant therapy 27 days after surgery.