

1119 **A challenging case of complete iliac vein occlusion requiring difficult endovascular therapy and IVC Filter retrieval**

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An 87-year-old woman presented with the sudden onset of left leg swelling and dyspnea. Contrast-enhanced computed tomography (CT) revealed pulmonary embolism and extensive thrombus extending from the left femoral vein to the left iliac vein. An inferior vena cava (IVC) filter was emergently implanted, and anticoagulation with a direct oral anticoagulant (DOAC) was continued for three weeks.

Although her symptoms improved, persistent left leg swelling remained. Follow-up contrast-enhanced CT demonstrated compression of the left iliac vein that had not been apparent on the initial CT, most likely because the acute thrombus had masked the underlying lesion. Endovascular therapy (EVT) was therefore planned.

Because the patient was unable to tolerate the prone position, the common femoral vein was punctured under ultrasound guidance. However, even a 0.035-inch guidewire could not be advanced. Venography through the introducer sheath confirmed complete occlusion of the iliac vein. The subsequent EVT was technically challenging and required several procedural modifications to successfully cross and treat the lesion. In addition, retrieval of the IVC filter was also difficult. We report this challenging case and discuss the technical considerations for both venous EVT and IVC filter retrieval.