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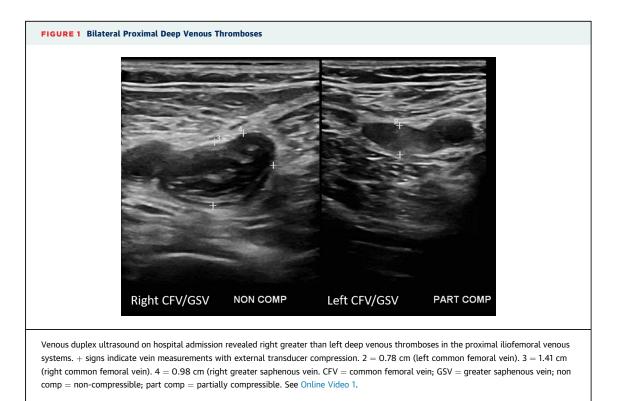
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IMAGES IN INTERVENTION

Treatment of an Acute Limb due to Inferior Vena Cava Filter Thrombosis

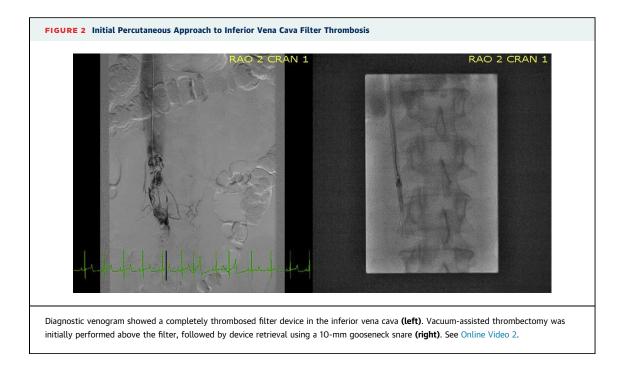
Michael N. Young, MD, Mazen Albaghdadi, MD, MS, Rasha Al-Bawardy, MD, Jorge Borges, MD, MPH, PHD, Kenneth Rosenfield, MD, MHCDS

55-year-old man presented with profound unilateral right leg swelling. Approximately 1 month before, he had suffered a pulmonary embolism complicated by bleeding on anticoagulation, prompting placement of a retrievable inferior vena cava (IVC) filter. On this admission, ultrasound evaluation revealed extensive bilateral deep venous thromboses (Figure 1). On examination,



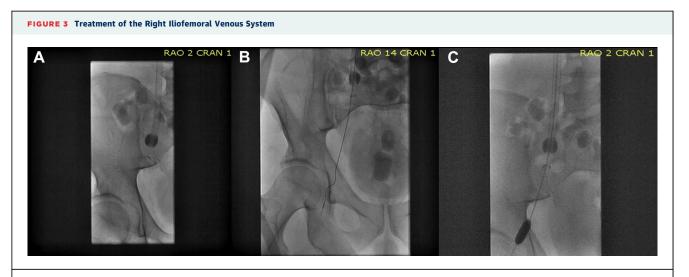
From the Fireman Vascular Center, Massachusetts General Hospital, Boston, Massachusetts. Dr. Rosenfield has served on the scientific advisory board of and as a consultant for Angiodynamics, Abbott Vascular, Amgen, Cardinal Health, Inspire MD, Silk Road Medical, Surmodics, Thrombolex, Volcano-Philips, and University of Maryland; has received institutional research grant support from Angiodynamics, Atrium-Getinage, Lutonix-BARD, National Institutes of Health, and Inari Medical; has served on the board of directors for VIVA; has served as the president of the Society for Cardiovascular Angiography and Interventions; and has served as the president of the National PERT Consortium. All other authors have reported that they have no relationships relevant to the contents of this paper to disclose.

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the patient exhibited diminished sensation and absent pedal pulses of the right foot consistent with phlegmasia. Following an emergent multidisciplinary evaluation by vascular surgery and medicine, we proceeded with IVC filter removal and catheter-based thrombectomy.

First, we placed 26-F and 15-F sheaths in the right and left internal jugular veins, respectively, through which we initiated a venovenous bypass circuit. Venography confirmed complete IVC filter thrombosis (Online Video 1) extending inferiorly into the bilateral iliofemoral venous systems. We performed vacuum-assisted thrombectomy (Online Video 2) above the filter using an AngioVac Cannula (AngioDynamics, Latham, New York). The filter was subsequently extracted using a 4-F 10-mm gooseneck snare in tandem with a 5-F AL1 catheter (Figure 2).



Catheter techniques used for venous thromboembolectomy: (A) vacuum-assisted filtration of the right iliofemoral veins; (B) maceration of recalcitrant thrombus using an oscillating wire under active suction; and (C) balloon venoplasty followed by pullback under active suction. See Online Video 3.

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