

May-Thurner syndrome

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KEYWORDS: deep vein thrombosis, stent, syndrome.

CITATION: *Cardiol Croat.* 2024;19(1-2):59. | <https://doi.org/10.15836/ccar2024.59>

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May-Thurner syndrome (MTS) is a condition in which patients develop iliofemoral deep vein thrombosis (DVT) because of an anatomic variant in which the right common iliac artery overlaps and compresses the left common iliac vein.¹ It is also known as Cockett syndrome or iliac vein compression syndrome.² The incidence of MTS is twice as high in women compared with men. DVT most commonly occurs in the left lower extremity, although cases of thrombosis on the right side have also been reported. Although many patients with MTS have DVT of the left lower extremity, symptoms may also include left lower extremity swelling, pain, venous claudication, ulceration, varicose veins, and phlebitis. Pain and discomfort increase with activity. On physical examination, patients may present with swelling, hyperpigmentation, telangiectasia, or venous ulceration. All patients with acute thrombosis undergo catheter-directed thrombolysis, after which the endovascular stent is deployed.³ If venous thrombosis of the lower extremities is suspected, MTS should be considered. Its diagnosis and treatment reduce complications such as post-thrombotic syndrome, pulmonary embolism, and death. Treatments such as iliac vein stenting and thrombectomy are safe options that have a high success rate.

RECEIVED:
September 30, 2023

ACCEPTED:
October 7, 2023



LITERATURE

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