Case Summary. The SVC syndrome of uremic patients is different from that of the general population in several ways. Most uremic patients had a history of indwelling dialysis catheter and venous occlusion was related to catheter induced injury. Symptoms may be exaggerated in uremic patients by high flow of the AVF over upper limbs. Trying to re-open an occluded SVC is usually difficult and carries a significant risk of vessel perforation and injury to nearby structures. However, in this patient, the occluded PTFE graft served as a guide of wiring and a barrier of vascular injury. Although his right innominate vein remained occluded, his symptoms improved remarkably because his AVF was left sided.

Successful Endovascular Therapy for Acute Deep Vein Thrombosis
Nobuhito Yagi
Okinawa Chubu Hospital, Japan

CLINICAL INFORMATION
Patient initials or identifier number. T.N
Relevant clinical history and physical exam. A 64-year-old man presented to the emergency department complaining of swelling and pain in right lower limb. The patient had no known past medical history. But he had risk factor of current smoker and obesity with body mass index 31.7. Physical examination revealed the swollen right lower extremity.

Relevant test results prior to catheterization. A computed tomography revealed thrombotic occlusion of the right femoral to popliteal vein. Because initial medical treatment with anticoagulation was not effective, endovenous therapy was attempted.
Relevant catheterization findings. Before we started the procedure, temporary inferior vena cava (IVC) filter was deployed via right internal jugular vein. Next, we approached from right popliteal vein under ultrasound guided puncture, and inserted 6 Fr sheath. Venography showed complete occlusion of right popliteal to femoral vein.
[INTERVENTIONAL MANAGEMENT]
Procedural step. Before we started the procedure, temporary inferior vena cava (IVC) filter was deployed via right internal jugular vein. Next, we approached from right popliteal vein under ultrasound guided puncture, and inserted 6 Fr sheath. Venography showed complete occlusion of right popliteal to femoral vein. Manual aspiration thrombectomy using 6Fr catheter was performed and urokinase was locally delivered with a 4Fr FOUNTAIN infusion system via the right popliteal vein. Next day, in addition to the same procedure as previous session, balloon angioplasty for stenotic right femoral vein was performed. Thrombotic occlusion was successfully reanalyzed and the symptoms markedly improved. The patient has been stable without recurrence of DVT at 7 month follow up.

Case Summary. The combination of thrombectomy and pulse-spray pharmacomechanical thrombolysis was safe and effective approach for treating acute proximal deep vein thrombosis.

TCTAP C-205
“Iliac Vein Stenting Alone” Strategy for Iliac Vein Compression Syndrome Complicated with Arteriovenous Malformation
Yoshiya Yamamoto, Osami Kawarada, Shingo Sakamoto, Koichiro Harada, Teruo Noguchi, Hisao Ogawa, Satoshi Yasuda
National Cerebral and Cardiovascular Center, Japan

[CLINICAL INFORMATION]
Patient initials or identifier number. K. H