

# A case of extensive deep venous thrombosis due to ilio caval compression from giant uterine fibroids

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## Background:

Extrinsic venous compression in the ilio caval venous territory is known to be associated with serious complications of venous outflow obstruction, including deep vein thrombosis (DVT). Uterine leiomyomata (or fibroids) are a common condition in reproductive age females. It is incredibly rare for uterine fibroids to cause extrinsic ilio caval venous compression and DVT, akin to a May-Thurner syndrome.

## Case:

A 47-year-old female presented with acute left lower limb swelling and pain. Examination revealed a grossly swollen left leg to the level of the groin, and a large abdominal mass. She reported 12 months of heavy menstrual bleeding and iron deficiency anaemia.

D-dimer was elevated at 13.00. Ultrasound, CT and MR of the abdomen/pelvis were performed. These revealed an extremely large multifibroid uterus, containing two confluent posterior fibroids, 10x8cm and 7x7cm. The uterus was compressing the right common iliac artery and the left common iliac vein, with extensive venous thrombosis in the left common, internal and external iliac veins, and common femoral vein. Therapeutic anticoagulation was commenced.

The patient had an inferior vena cava (IVC) filter inserted and then proceeded to a total abdominal hysterectomy and bilateral salpingectomy. Histopathology revealed a benign multifibroid uterus, weighing 2.6kg.

On day 1 post operatively, lower limb US revealed ongoing extensive clot burden in the entire left lower limb, and she proceeded to a percutaneous thrombectomy and stenting, with removal of the IVC filter.

Her post operative course was complicated by multiple segmental and distal pulmonary emboli. She was discharged home with markedly reduced lower limb swelling, on apixaban.

## Discussion:

This case demonstrates a significant complication of a common condition encountered in Gynaecology. Due to the paucity of published cases the best approach to management is not clear, and requires a multidisciplinary team approach. This report gives one example of a step-wise approach to management, involving IVC filter insertion, hysterectomy, ultrasound DVT evaluation and then thrombectomy.

