|  |
| --- |
| **May-Thurner-Syndrome as an uncommon cause of Thromboembolism: A case report** |
| Ish Trivedi, Vicky Chang |
| *Department of Respiratory Medicine, The Sutherland Hospital, Sydney, Australia* |
| **Introduction:** May-Thurner Syndrome is a rare presentation characterised by venous outflow obstruction, primarily involving the compression of the left iliac vein between the overlying right common iliac artery and the fifth lumbar vertebrae. **Case Report:**We present a case of a 66-year-old Caucasian female presenting with unilateral left leg swelling and sudden onset claudication symptoms, one month after a SARS-CoV-2 infection. The patient had no significant medical history but her first degree relative had a history of recurrent unprovoked thromboembolisms. Computed Tomography imaging confirmed bilateral PE and occlusive DVT in the left lower limb, extending from the tibioperoneal trunk to the common iliac vein posterior to the right iliac artery. Initially, the patient received therapeutic Heparin infusion and subsequently treated by percutaneous mechanical thrombectomy as definitive intervention. **Discussion:** This case highlights the importance of recognising the potential occurrence of May-Thurner syndrome in the context of DVT and PE. It is crucial to consider mechanical thrombectomy as a necessary intervention in such cases, in addition to medical anticoagulation, as the sole reliance on anticoagulation may yield suboptimal outcomes.  |