Inferior vena cava thrombosis

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DESCRIPTION

A 56-year-old woman presented to Accident and Emergency with a gradual onset shortness of breath and pleuritic chest pain. D-dimer was elevated at 3.43 mg/l, electrocardiography showed sinus tachycardia and chest x-ray was normal. CT pulmonary angiography performed on admission showed the presence of a subsegmental pulmonary embolism in the right middle lobe, as well as multiple small mediastinal and hilar lymph nodes. Abdomen and pelvis CT were performed to investigate for the underlying cancer. It incidentally showed a large

thrombus in the inferior vena cava (IVC) extending to the left renal vein (figure 1); however, no malignancy was detected.

The management of IVC thrombosis can be divided into medical and surgical. Anticoagulation with low molecular weight heparin and subsequent warfarin prevents the propagation of thrombus, and catheter-directive thrombolysis is also used.¹

If there are contraindications to anticoagulants, other methods may be considered to prevent the spread of life-threatening emboli to the lungs.² Endovascular techniques such as IVC filters, stents and angioplasty can be placed at different anatomical locations.¹ Surgical treatment involving thrombectomy can be used; however, it is associated with a 2% death rate and often fails to completely remove the thrombus.¹

Figure 1 A long filling defect is noted within the intrahepatic portion of the inferior vena cava which appears to extend to the left renal vein, highly suspicious for a thrombus.

Learning points

- ▶ In a diagnosis of venous embolism, source and cause should be identified to prevent further thrombus.
- ▶ Inferior vena cava thrombosis can be managed medically and surgically depending on clinical situation and bleeding risk.¹

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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