

Out of the ordinary image in common iliac vein

Common iliac vendeki sıradışı görüntü

A 52-year-old female patient who was diagnosed with a 14 mm secundum type atrial septal defect (ASD) was scheduled to undergo percutaneous occlusion using a Sideris transcatheter patch, which consists of a biodegradable patch resting on a compliant balloon which is to be stitched firmly to the inguinal area. The device was implanted uneventfully using 7cc of saline under the guidance of transesophageal echocardiography, and the patient was scheduled for discharge on the third day. At the second day of implantation, patient manifested a gradual swelling and right leg pain. Upon this complaining, she entered into our intensive care unit for leg pain. Physical examination revealed a well-appearing middle aged woman with normal vital

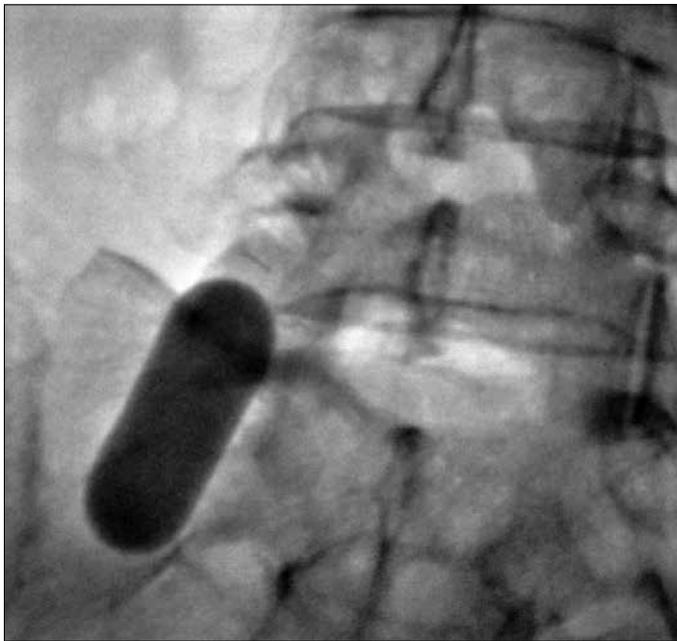


Figure 1. Pelvis direct graphy

signs. During the initial physical examination, the right leg showed a moderate edema. Homan's sign was negative. Popliteal, dorsalis pedis, and posterior tibial pulses were intact and symmetrical. No femoral bruit was appreciated. The rest of the physical examination was unremarkable. Cardiac examination revealed a pulse rate of 90 beats/minute and blood pressure was 130/80 mmHg. An electrocardiogram showed sinus rhythm. Blood tests revealed elevated white blood cell count $11.4 \times 10^9/L$, hemoglobin count of 13.2 g/dL, platelet count of $280 \times 10^9/L$, C-reactive protein 2.60 mg/dL, D-dimer 3.87 mg/L. Therefore, for the evaluation of the deep vein thrombosis and distal arterial embolism, a simple Doppler ultrasound scan of the leg examines the right leg were performed on the patient. Arterial duplex ultrasound of the right lower extremity showed no significant stenosis in the external iliac, common femoral, deep femoral, and superficial femoral arteries. Venous duplex ultrasound of the right lower extremity showed no thrombosis in the external iliac vein to the level of the calf and involving the right lower external iliac, common femoral, femoral, popliteal, posterior tibial, and peroneal veins. Following this procedure, a venography was done for precise evaluation, which showed a complete obstruction in the proximal right common iliac vein. Transthoracic echocardiography and color Doppler demonstrated right-to-left residual shunt due to secundum ASD. The emergency fluoroscopy revealed a smooth-circumscribed total occluding lesion the proximal right common iliac vein (Fig. 1).

What is your diagnosis?

- Deep vein thrombosis
- Venous migration of the ASD occluder device
- Angiosarcoma originated from iliac vein
- Intraabdominal space occupying lesion

Answer: 737

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