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May-Thurner Syndrome Variant – Compression of the Iliac Vein Caused by Uterine Myoma

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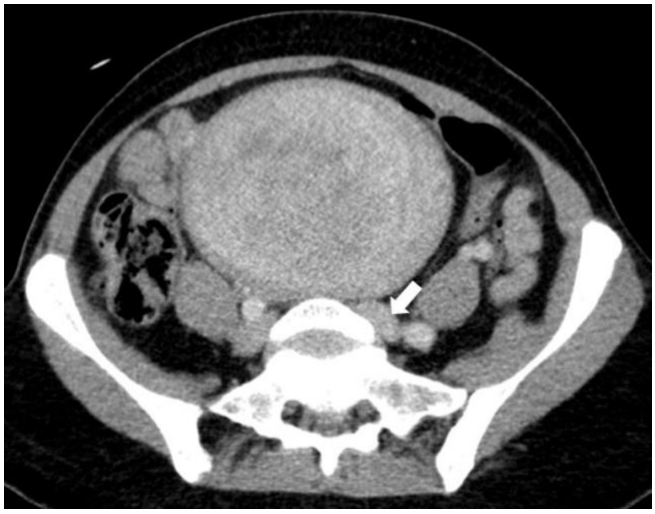

Figure 1

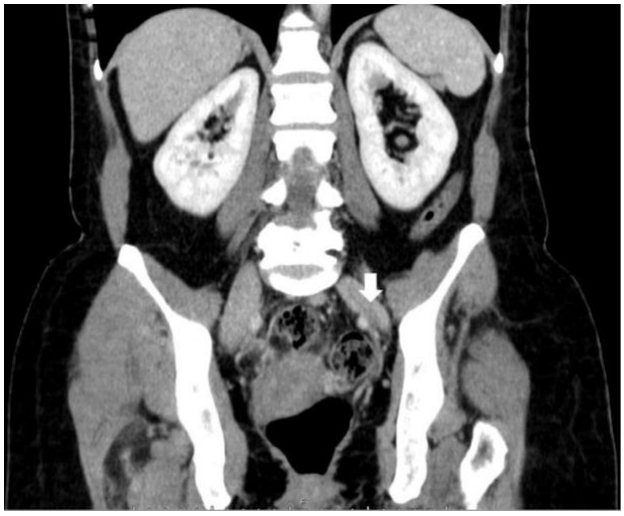

Figure 2

Abstract

May-Thurner Syndrome, which consists of the compression of the left iliac vein between the lumbar spine and the right iliac artery, is rarely diagnosed, especially when other well-established risk factors for pulmonary embolism overlap, but it is estimated to occur in more than 20% of the population.

Uterine fibroids are the most common benign tumors in premenopausal women. They are usually asymptomatic, but when they reach large dimensions, they constitute a risk factor for venous thromboembolism, due to their potential for external compression of the iliac veins.

The authors present an unusual case of pulmonary thromboembolism, caused by the compressive effect of a uterine myoma in a 47-year-old female, who presented to Emergency Department with complaints of acute onset dyspnea.

Clinical Case

A 47-year-old obese and non-smoker female, with a background of uterine myoma, medicated with a combined oral contraceptive, went to the Emergency Department with acute onset dyspnea for minor exertion. She also mentioned long lasting menorrhagia, with no related complaints. There was no concern about recent history of travel or major surgery. Family history was irrelevant. On observation, the evaluation of her vital signs were unremarkable, except for sinus tachycardia of 127bpm. Peripheral oxygen saturation was 95%. The abdominal examination revealed the presence of a non-tender and well-defined large mass occupying the epigastric and umbilical region and elastic consistency. Lower limbs showed varicose veins, without swelling and a negative homans' sign. The only abnormal analytical finding was of elevated D-dimers 558 ng/ml (N<243). Arterial blood gas analysis showed hypoxemia (PaO2 64.7mmHg) and hypocapnia (PaCO2 32.4mmHg). Contrast computed tomography was diagnostic for bilateral pulmonary thromboembolism and showed a large uterine myoma with a compressive effect on the left iliac vein (Figure 1) and evidence of an acute endoluminal thrombus (Figure 2).

Oxygen therapy and anticoagulation with enoxaparin at a therapeutic dose were started. Subsequent study of thrombophilia was negative. She was discharged on oral antioagulation and the combined contraceptive was replaced by a progestin-only. After a few months, she was submitted to hysterectomy and bilateral adnexectomy (histology of the mass was positive for uterine leiomyoma), which was followed by the suspension of anticoagulation. No other thromboembolic events were reported.

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