



# Venous ulcers as a rare presentation of bilateral May-Thurner syndrome in male patients. Case series

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## Abstract:

**Introduction:** Objectives May-Thurner syndrome (or iliac vein compression syndrome, IVCS), is referred to iliac vein compression by the iliac artery against the spine. It is commonly found as an underlying cause of iliofemoral deep venous thrombosis (DVT). The syndrome is mostly seen in women (in the second through the fourth decades of age) and on the left side. In this article, we describe a rare presentation of IVCS in male patients with bilateral May-Thurner syndrome. **Methods:** Five male patients (mean age was 45.5, SD 14.0 year), presented with bilateral leg edema and recurrent active venous ulcers for more than one years that failed consistent compression therapy. All patient have no current or previous history of DVT. IVCS was diagnosed using Duplex ultrasound and direct multi-slice computed tomography-venogram (CTV). Endovascular treatment was performed in the form of bilateral common iliac vein stenting (WALLSTENT, Boston Scientific), Radiofrequency ablation of great saphenous vein (GSV) was done for one patients with GSV reflux. Vascular Clinical Severity Score (VCSS), Visual Analog Score (VAS), and Venous Disability Score (VDS) were assessed preoperatively, at one month and 6 months after the intervention. **Results:** The intervention was technically successful with no perioperative complications in all patients. At 1-month follow-up, the venous ulcers were completely healed on both sides in all patients (9 limb), one limb in one patient need additional ablation of the refluxing GSV. VCSS, VDS, VAS have improved to 6/27, 2/4, 3/10 compared to preoperative values of 14/27, 3/4, and 7/10, respectively. All patients were free of pain with no residual edema in both legs. At 6 months follow-up: VCSS, VDS and VAS have improved to 4/27, 0/4, and 1/10, respectively, compared to the preoperative values baseline values. **Conclusion:** May-Thurner syndrome is a relatively common anatomical variant where iliac vein compression is typically presented with venous insufficiency symptoms on the left lower extremity in middle aged women. This report is to describe a rare presentation of symptomatic bilateral May-Thurner syndrome in a male patient. All patients were successfully treated with stenting of both common iliac veins, which improved the patients' symptoms including complete healing of the venous ulcers in both legs. In conclusion, the conventional endovascular treatment of May-Thurner syndrome can also be an effective treatment option of male patients with atypical presentation of IVCS.

## Published In:

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