

Clinical Case

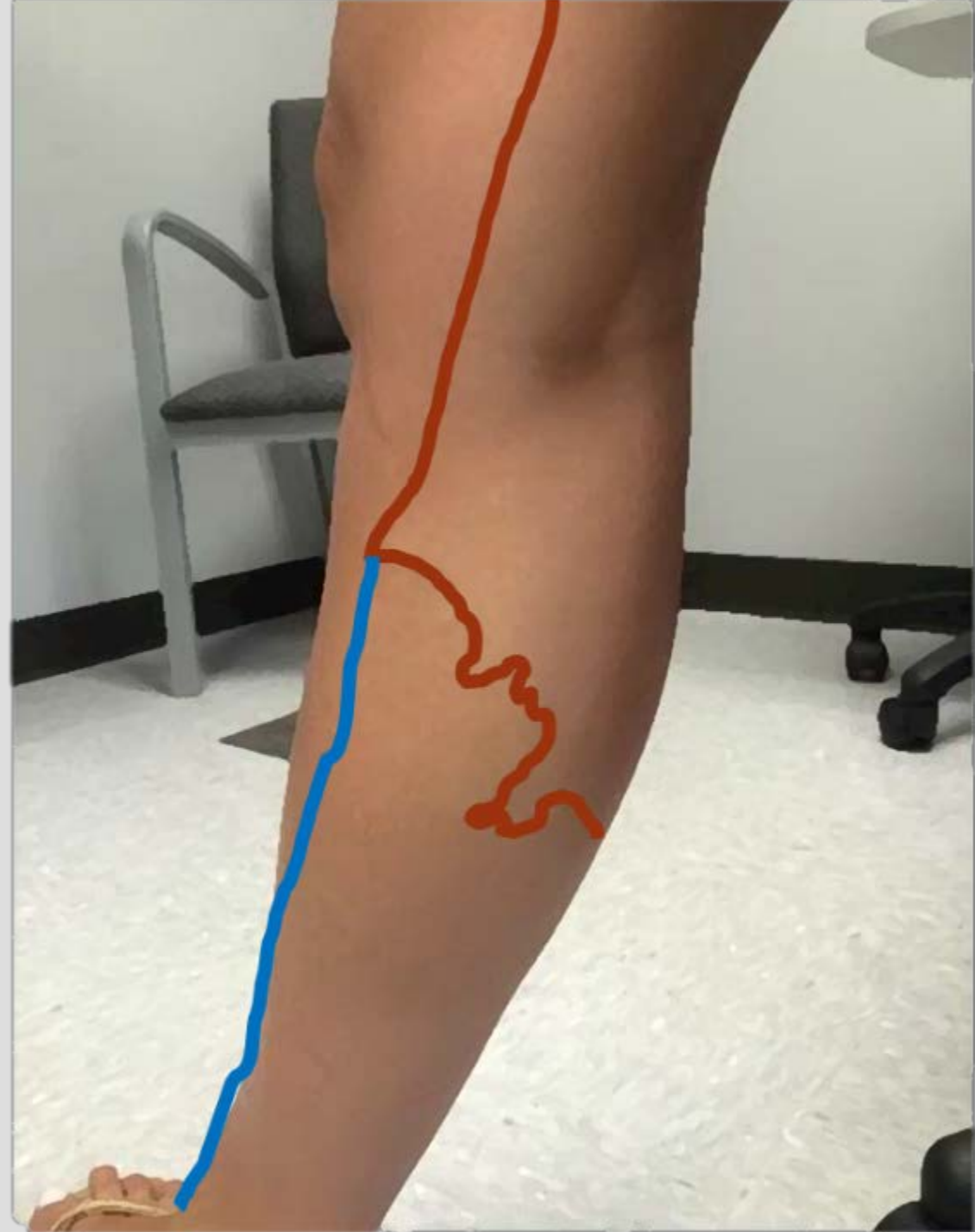
POST-PROCEDURE THROMBOPHLEBITIS

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A **21year-old** healthy female presented with **symptomatic varicose veins** localized to right medial and proximal calf for about one year.



SYMPTOMS

- Aching, heaviness, and tenderness around the veins
 - Aggravating factors: Long standing
- Alleviating factors: Leg elevation, wearing compression stockings

CLINICAL SEVERITY

C2S EP AS PR

VCSS: 4

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HISTORY

Medical and surgical history: None

Social history: Non-smoker

Family history: Father with of varicose veins

Allergies: None

Medications: Oral contraceptive tablets

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PHYSICAL EXAMINATION

Both lower limbs were warm and well perfused

Distal palpable pulses

Prominent varicosities on right proximal and medial calf area

No skin changes or ulcers

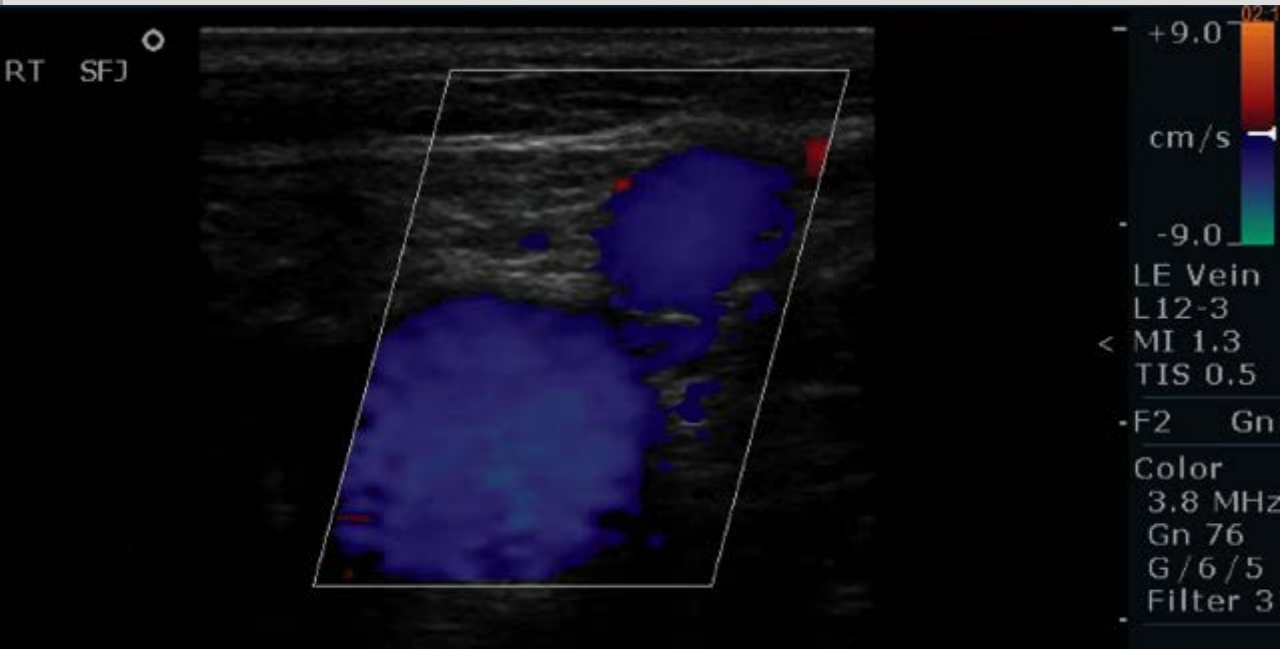
Motor and sensory were intact

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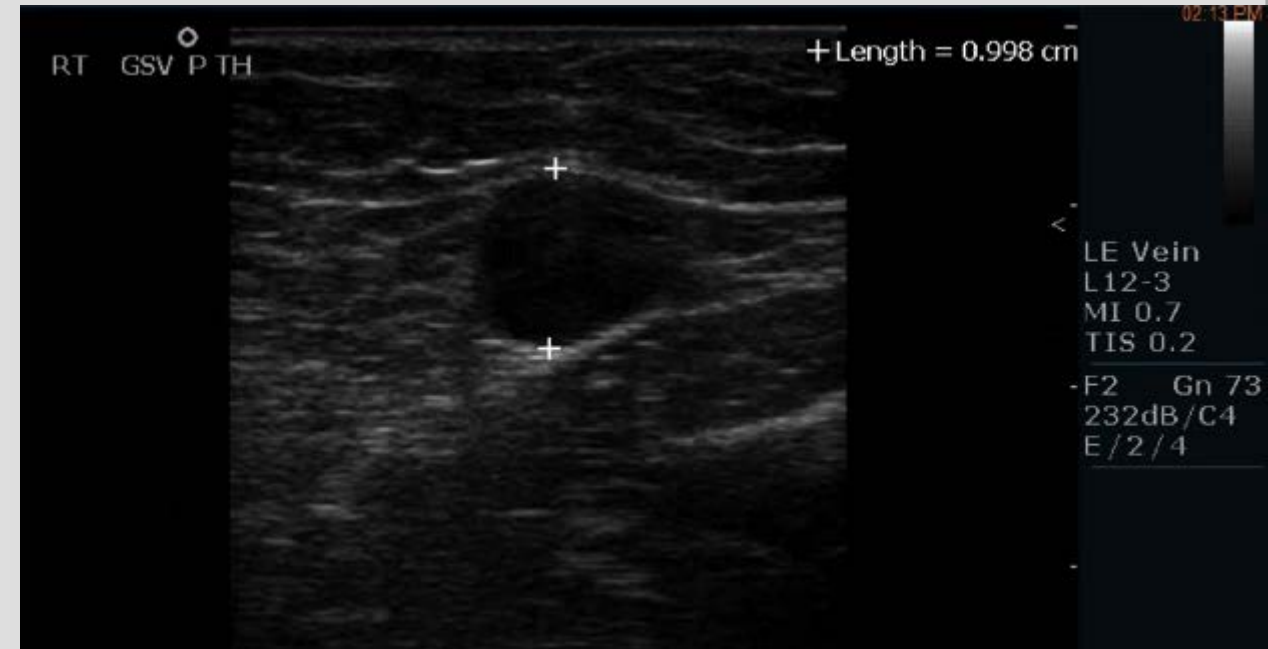
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SFJ

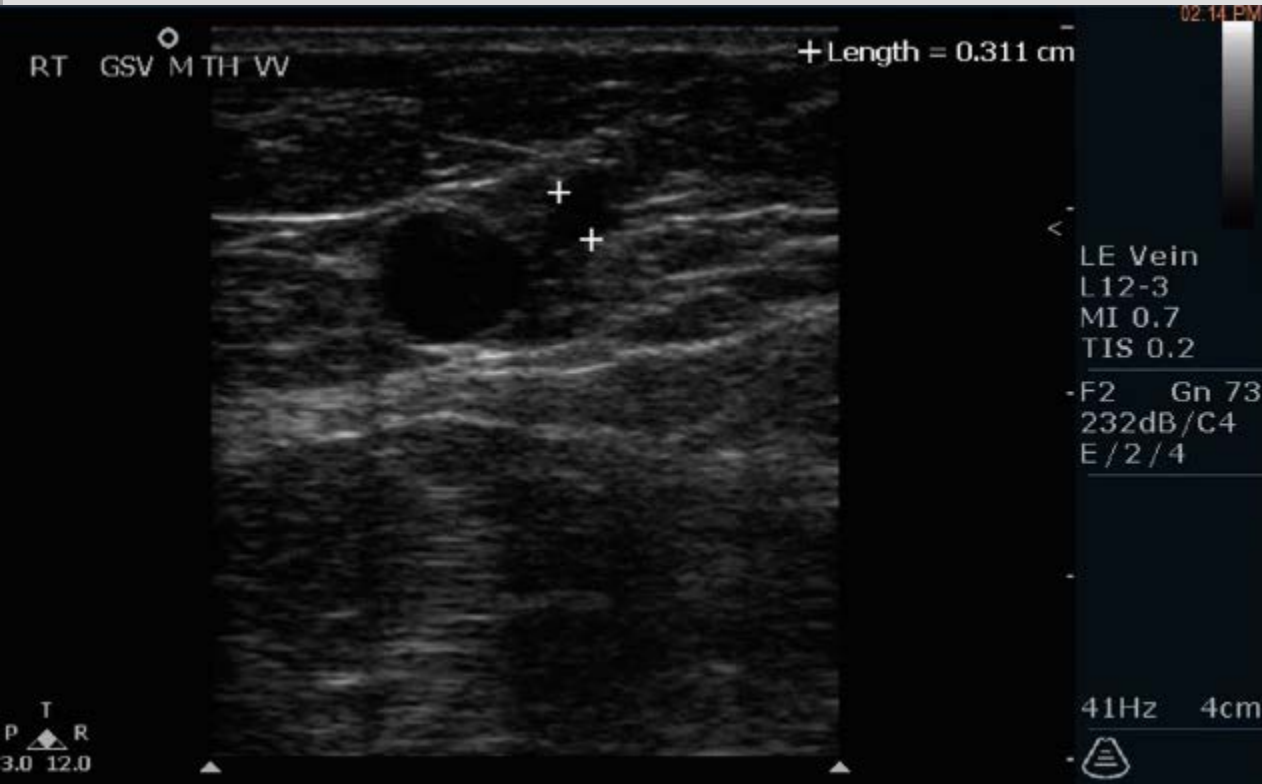


GSV UPPER THIGH

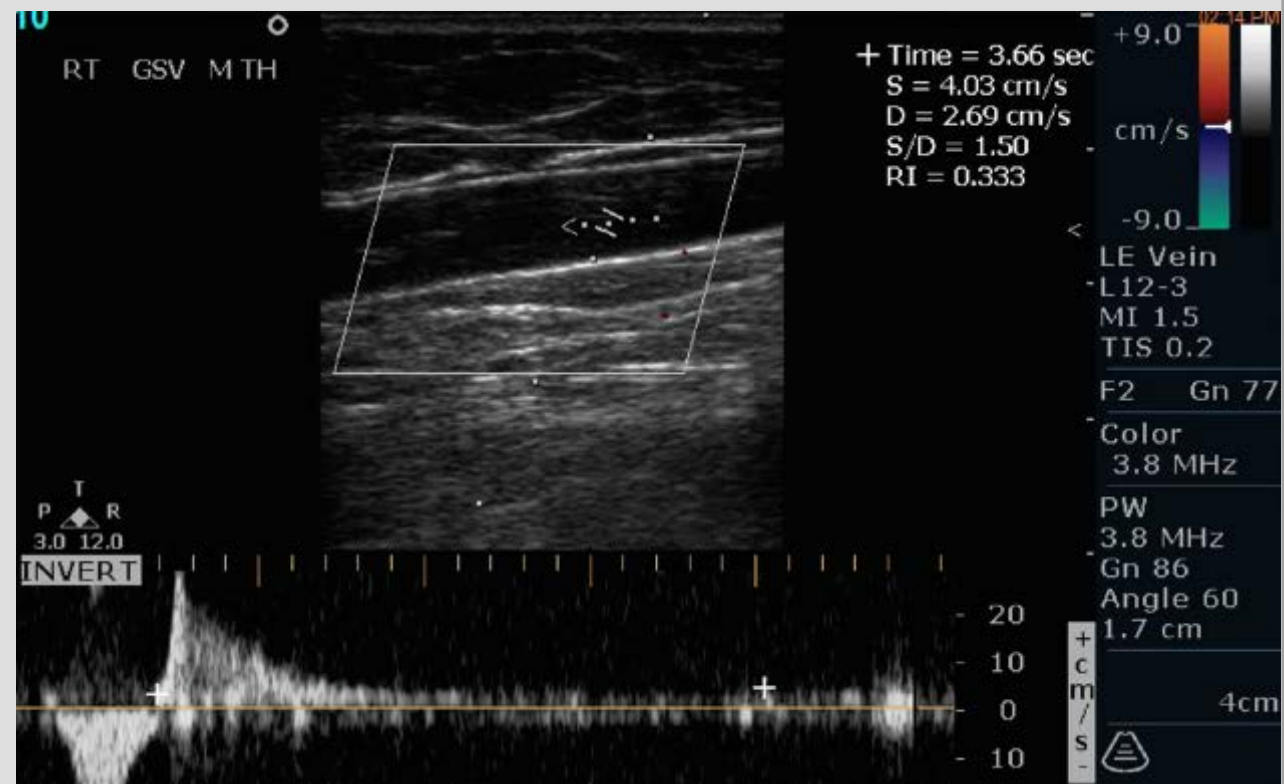


GSV diameter was 10.0 mm and had reflux > 4.0 sec from the SFJ to the mid calf. Varicose veins off the GSV in the mid thigh (3.1 mm) and proximal calf (4.0 mm). No deep venous reflux or deep vein thrombosis.

GSV VARICOSE TRIBUTARY IN THE MID THIGH (3.1 MM)



GSV REFLUX AT MID-THIGH REFLUX DURATION >3.5S



TREATMENT

- Right **GSV** radiofrequency ablation
- Right leg **ultrasound guided foam sclerotherapy with 0.5% sodium tetradecyl sulfate (STS)**
- Right leg **ambulatory phlebectomies**

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POST-PROCEDURE FOLLOW-UP AT ONE WEEK

Patient reported **mild discomfort** along the ablated GSV segment

The right limb was warm and well perfused

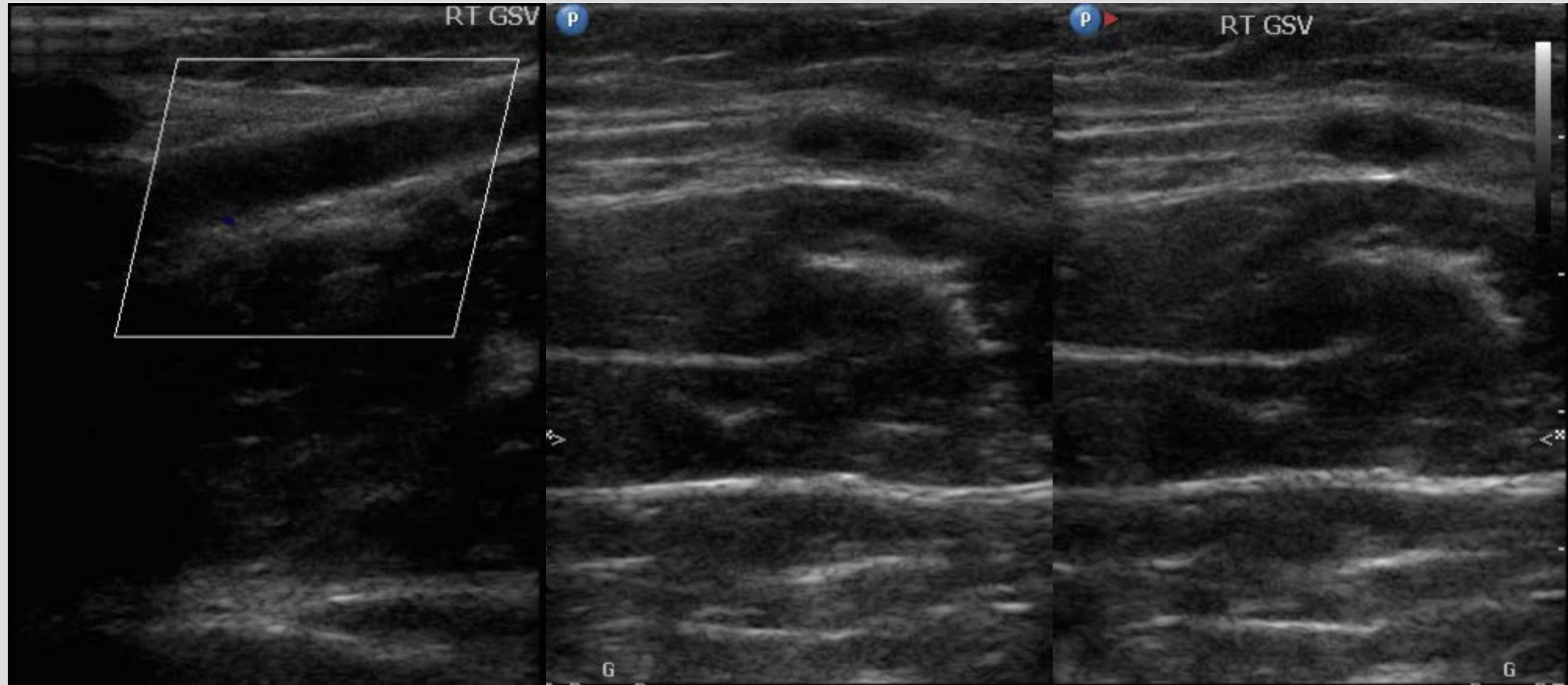
There was **mild bruising**, no infection and signs of mild thrombophlebitis

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DUPLEX ULTRASOUND ONE WEEK AFTER THE PROCEDURE



GSV is **ablated** from the SFJ to the proximal calf. **Thrombosed varicosities** at the proximal calf (< 2.0 mm). **No deep vein thrombosis.**

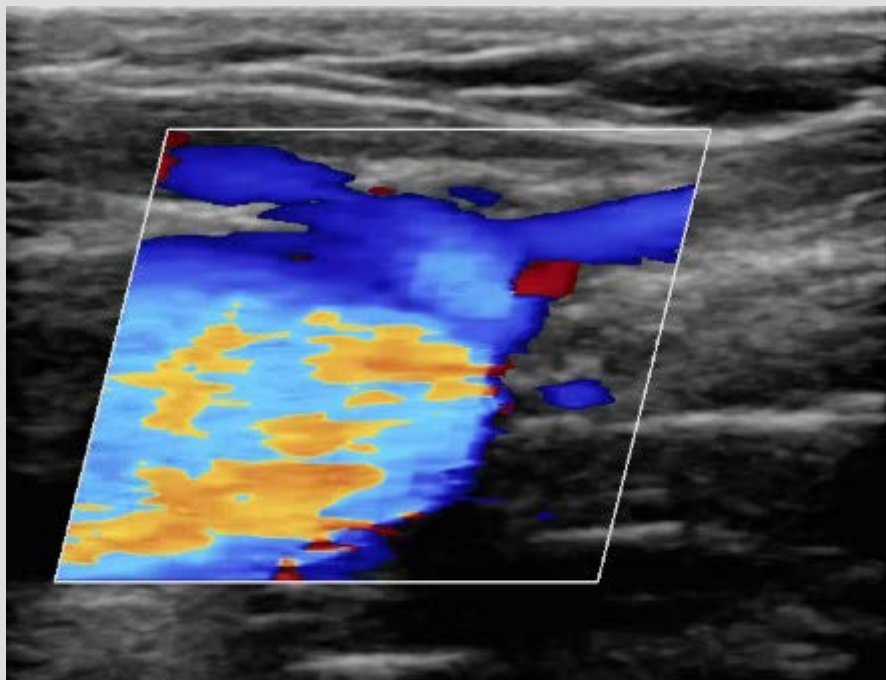
At 8 weeks follow up she presented with the following symptoms worsening for one week:

- **Pain** along the ablated GSV segment
- **Pulling sensation**
- **Palpable cord** with overlying skin hyperpigmentation

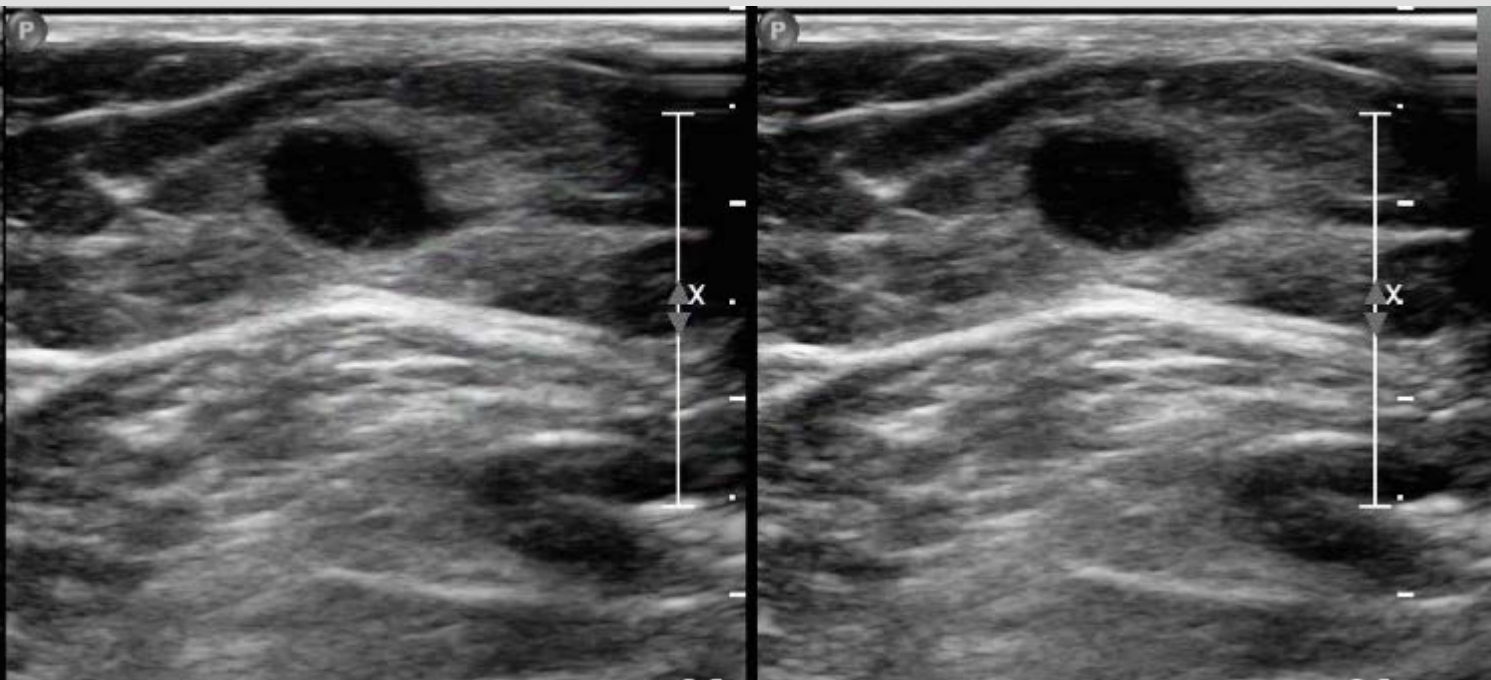


8 WEEKS FOLLOW-UP

SPJ



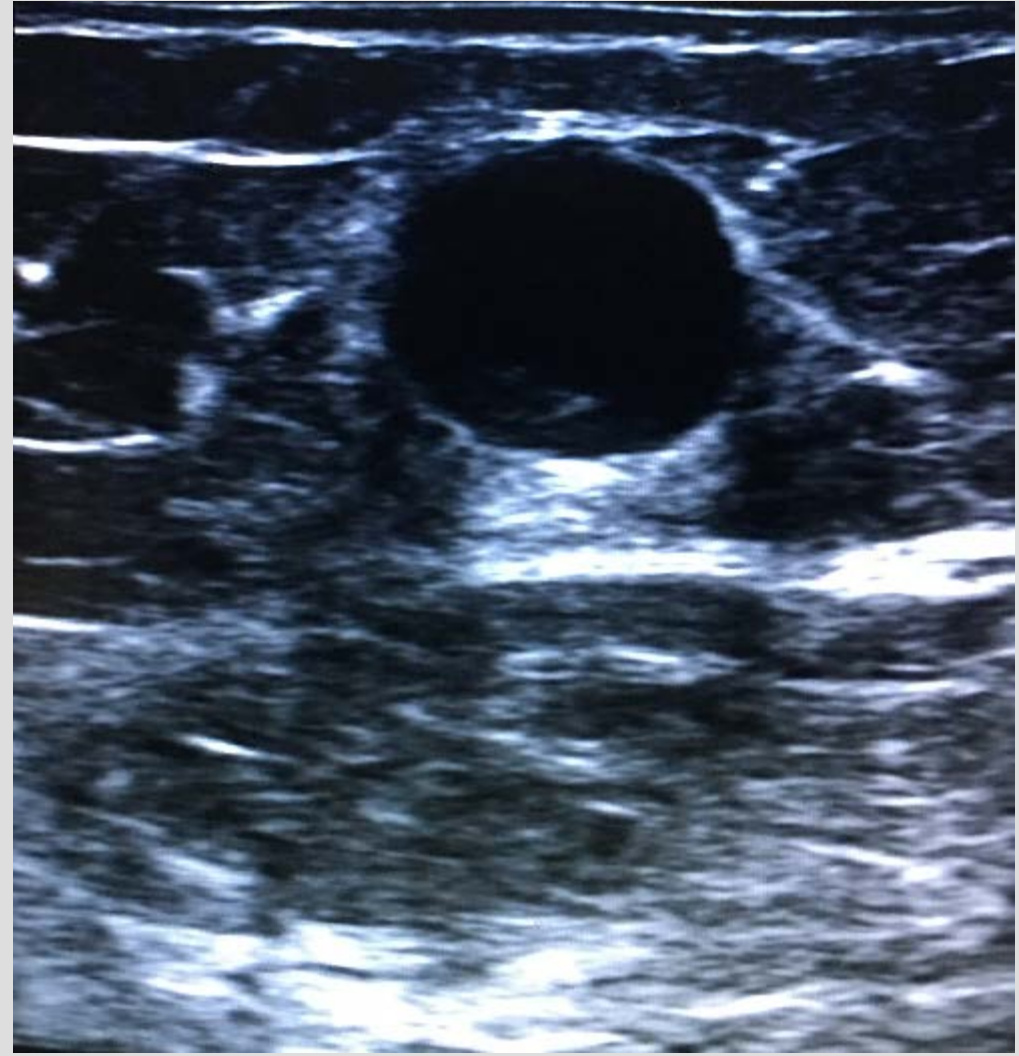
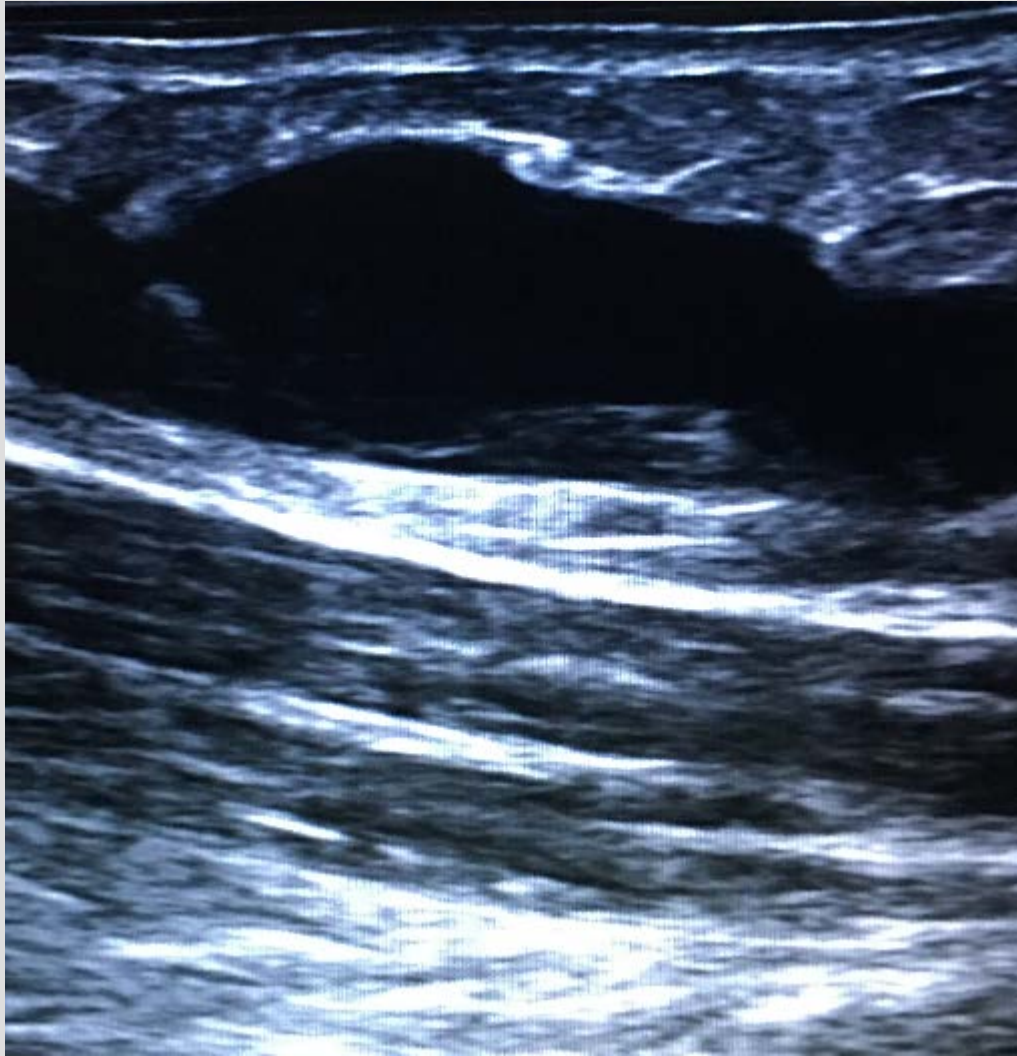
GSV



No evidence of reflux at the SFJ

Post-procedure **thrombophlebitis** of the GSV

POST-PROCEDURE GSV THROMBOPHLEBITIS



GSV is dilated with mostly echolucent luminal material and non-compressible. The diameter increased significantly compared to first week after ablation.

TREATMENT

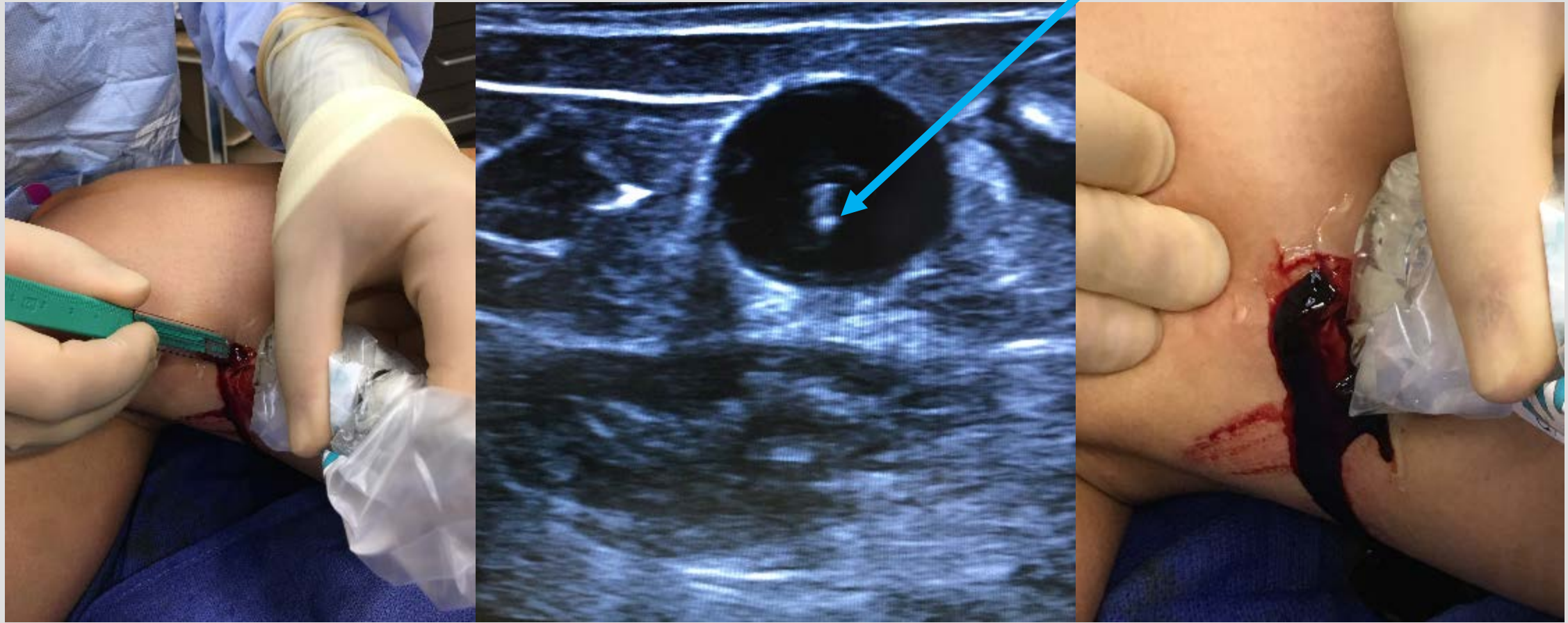
We decided to perform ultrasound guided micro-thrombectomy.

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ULTRASOUND GUIDED MICRO-THROMBECTOMY



Two small stab incisions were performed

Ultrasound guided micro-thrombectomy



Approximately **10 ml of thrombus** was evacuated

4 weeks follow-up after micro-thrombectomy.

She was asymptomatic and the hyperpigmentation had resolve.

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- **Late post-procedure thrombophlebitis** of the ablated superficial axial vein is a possible complication.
- Potential mechanism is related to **early recanalization and re-thrombosis**.
- **Early micro-thrombectomy** will lead to a prompt resolution of symptoms and prevent permanent hyperpigmentation.

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