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Extraluminal venous interruption for free-floating thrombus in the deep veins of lower limbs

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Abstract

The free-floating thrombus (FFT) represents a particular form of deep vein thrombosis with extremely high potential of fatal pulmonary embolism. The purpose of the study was to evaluate the early results of aggressive surgical approach to FFT. During the period 2005-2008 years FFT was diagnosed in 13 patients. Demographic characteristics of patients: medium age – 54.7 years, male – 76.9%, significant comorbidity – 5 (38.5%) cases. Localization of FFT: superficial femoral vein (SFV) – 5 (38.5%), common femoral vein (CFV) – 4 (30.7%), external iliac vein (EIV) – 2 (15.4%), inferior cava vein (ICV) – 2 (15.4%). Manifestations of previous pulmonary embolism were documented preoperatively in 3 (23.1%) cases. The following emergency surgical procedures were performed: ligation – 3 (23.1%) or plication – 2 (15.4%) of SFV; plication of CFV – 5 (38.5%) patients, combined in 4 cases with partial thrombectomy (free-floating part of thrombus); plication of common iliac vein – 1 (7.6%); plication of ICV – 2 (15.4%) cases. Primary or recurrent cases of clinically significant pulmonary embolism were no detected in the postoperative period. The accumulated experience of surgical management of patients with FFT reveals the important role of deep vein ligation/plication in prevention of fatal pulmonary embolism.

Key words: deep vein thrombosis, free-floating thrombus, surgical treatment, venous interruption

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