The effect of venoplasty and stent implantation in patients with chronic venous symptoms following deep vein thrombosis in iliofemoral segment

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Abstract
Deep vein thrombosis (DVT) is a common vascular condition that affects 1 to 3 per 1,000 persons per year. Proximal thrombosis (including iliac arteries) is at higher risk for postthrombotic syndrome (PTS). Therefore, in the present study, we investigated the effect of venoplasty by stent placement in patients with chronic venous symptoms following DVT in the iliofemoral segment. In this cross-sectional study, patients with an age range of 20 to 70 years who presented with chronic symptoms of iliofemoral obstructive venous lesion following DVT were included in the study if satisfied. They were placed under local anesthesia with lidocaine and, if necessary, by venous sedation under lower extremity venography by catheter with popliteal vein surgery on the same side and placement of a sheet. Variables related to before the intervention and six months after the intervention were reviewed, recorded and analyzed. Among 24 patients participating in the study, 70.8% were male and 29.2% were female with a mean age of 51.42 ± 8.27 years. There was a significant difference in pain and wound condition before and 6 months after the intervention (P <0.001). After the intervention, 58.3% of patients were in painless condition and the frequency of patients without wounds increased from 12.5% to 66.7%. Edema changes were not significant (P = 0.29). Stent implantation in patients with chronic venous symptoms following DVT in the iliofemoral segment reduces pain and wound healing and is an effective, usable and practical method.

Keywords: Deep Vein Thrombosis, Postthrombotic Syndrome, Stent

Introduction
Deep vein thrombosis (DVT) is a common vascular condition that affects 1 to 3 per 1,000 persons per year [1, 2]. In addition to the risk of recurrence, what threatens patients after DVT is the development of post-thrombotic syndrome (PTS). Therefore, in the present study, we investigated the effect of venoplasty by stent placement in patients with chronic venous symptoms following DVT in the iliofemoral segment. In this cross-sectional study, patients with an age range of 20 to 70 years who presented with chronic symptoms of iliofemoral obstructive venous lesion following DVT were included in the study if satisfied. They were placed under local anesthesia with lidocaine and, if necessary, by venous sedation under lower extremity venography by catheter with popliteal vein surgery on the same side and placement of a sheet. Variables related to before the intervention and six months after the intervention were reviewed, recorded and analyzed. Among 24 patients participating in the study, 70.8% were male and 29.2% were female with a mean age of 51.42 ± 8.27 years. There was a significant difference in pain and wound condition before and 6 months after the intervention (P <0.001). After the intervention, 58.3% of patients were in painless condition and the frequency of patients without wounds increased from 12.5% to 66.7%. Edema changes were not significant (P = 0.29). Stent implantation in patients with chronic venous symptoms following DVT in the iliofemoral segment reduces pain and wound healing and is an effective, usable and practical method.

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Introduction
Deep vein thrombosis (DVT) is a common vascular condition that affects 1 to 3 per 1,000 persons per year [1, 2]. In addition to the risk of recurrence, what threatens patients after DVT is the development of post-thrombotic syndrome (PTS). Therefore, in the present study, we investigated the effect of venoplasty by stent placement in patients with chronic venous symptoms following DVT in the iliofemoral segment.
Materials and Methods

In this cross-sectional study, patients with an age range of 20 to 70 years that had chronic symptoms of iliofemoral obstructive venous lesion with an initial diagnosis of chronic venous insufficiency following DVT and without cardiopulmonary risk factors and diabetes were considered. They were referred to the Vascular Surgery Center of Ahvaz Golestan Hospital, from October 2018 to October 2020. Patients with symptoms of chronic venous insufficiency, such as swelling, pain or venous ulcers, and who underwent stenosis or obstruction of the iliofemoral venous segment, according to paraclinical studies, including Doppler ultrasound, were nominated for venography.

Patients participated in the study after informed consent (Code of ethics: IR.AJUMS.HGOLESTAN.REC.1399.110). Demographic information of patients, medical history, family history and history of interventions, current status of lower extremity disease and its effect on daily activities and quality of life were recorded in the designed questionnaire. Also, a clinical examination was performed and the result of Doppler ultrasound of symptomatic iliofemoral veins was recorded in a questionnaire. Patients with inclusion criteria underwent local anesthesia with lidocaine and, if necessary, intravenous sedation under lower extremity venography by catheter with ipsilateral popliteal vein catheterization and placement of a sheet under ultrasound guidance with a water-soluble contrast agent. After administration of systemic anticoagulation (heparin 5000 units, intravenously) if significant stenosis or obstruction in the iliofemoral venous segment is identified and confirmed, high pressure balloon venoplasty with 14 to 18 mm caliber and implantable balloon expandable stent size 14 to 18 mm performed in the iliofemoral segment. In most cases, patients without any particular complication were discharged the day after the intervention with aspirin, clopidogrel and rivaroxaban and were advised to go to a vascular surgery clinic after three or six months. Variables related to before the intervention and six months after the intervention were reviewed, recorded and analyzed.

Results

Out of 24 patients participating in the study, 17 patients (70.8%) were male and 7 patients (29.2%) were female. Their mean age was 51.42 ± 8.27 years. Vein was patent in 20 patients (83.3%) and obstructed in 4 patients (16.7%). All patients had pain and edema and 21 patients (87.5%) had ulcers.

To evaluate the amount of pain, patients were divided into four groups: painless, low pain, moderate pain and severe pain. Before an intervention, the frequency of patients in these groups was 12.5%, 33.3%, 50% and 4.2%, respectively. After an intervention, it was 58.3%, 33.3%, 8.4% and 0, respectively (P <0.001) (Table 1).

Patients were evaluated at four levels according to swelling: no edema, low edema, moderate edema and severe edema. Before an intervention, the frequency of patients in these four levels was 0, 8.3%, 58.3% and 33.4%, respectively. After intervention, it was 37.5%, 41.7%, 20/8 and 0, respectively. (P = 0.29) (Table 1).

For evaluating the wounds patients divided in three groups: no wounds, wounds less than 2 cm and wounds 2-6 cm. Before an intervention, their frequency was 12.5%, 50%, 37.5% and 0, respectively. After an intervention, it was 66.7%, 33.3%, 0 and 0, respectively (P <0.001) (Table 1). By evaluating the satisfaction of patients participating in the study, it was found that 4 (16.6%), 7 (29.1%) and 13 (54.3%) patients had poor, moderate and good satisfaction rate, respectively.

Discussion

The pathophysiology of PTS, as the most important late complication of DVT, is venous hypertension which pathological components are the persistence of venous obstruction, or/and venous valvular reflux [9, 10, 24-27]. The overall results of DVT as a disorder of venous physiology are highly dependent on the anatomical position of the thrombosed venous segment [20, 28, 29]. In recent years, the therapies of acute DVT have become more widespread, but there is still much debate about the priority of treatment in terms of the lowest risk and the best prevention of complications [30]. PTS is still
a recurring complication in DVT and leads to significant complications, suffering, and high health costs [17]. Therefore, it is vital to study the treatment options for this complication.

In the present study, we concluded that after stent implantation in patients with chronic venous symptoms, the amount of pain was significantly different than before the intervention (P <0.001). After the intervention, 58.3% of patients were in painless condition and the number of patients with severe pain decreased from 4.2% to 0. Also, Razavi et al. reported that implanting a stent to treat iliofemoral venous obstruction lead to relief pain rate from 69 to 82% [20]. In a study by Falcoz et al., it was reported that three months after stent implantation in the iliofemoral vein, the amount of pain was significantly reduced and in 42.9% of patients the pain completely improved [31]. The study of Moini et al. also showed that in PTS patients, stenting reduced pain significantly[32]. Therefore, stenting in the iliofemoral vein of patients with a history of DVT reduces pain.

Another finding of this study is a significant difference in wound condition before and after the intervention (P <0.001). So that after stent implantation, the frequency of patients without wounds increased from 12.5% to 66.7%. The frequency of patients with wounds larger than 2 cm decreased from 37.5% to 0. In the meta-analysis, wound healing was estimated 71 to 81% [20]. Therefore, stent placement has a significant role in improving the condition of the wound.

In our study, the rate of edema before and after the intervention was significantly different (P = 0.00). By comparing conditions of patients after the intervention compared to before, it was observed that a number of patients after the intervention were without edema (37.5% vs. 0). Also, after the intervention, the number of patients with severe edema reached 0. Most of them experienced low and

<table>
<thead>
<tr>
<th>Variable</th>
<th>Before intervention n (%)</th>
<th>6 months after the intervention n(%)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No pain</td>
<td>3 (12.5%)</td>
<td>14 (58.3%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Mild pain</td>
<td>8 (33.3%)</td>
<td>8 (33.3%)</td>
<td></td>
</tr>
<tr>
<td>Moderate pain</td>
<td>12 (50%)</td>
<td>2 (8.4%)</td>
<td></td>
</tr>
<tr>
<td>Sever pain</td>
<td>1 (4.2%)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Wound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No wound</td>
<td>3 (12.5%)</td>
<td>16 (66.7%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Wound smaller than 2 cm</td>
<td>12 (50%)</td>
<td>8 (33.3%)</td>
<td></td>
</tr>
<tr>
<td>Wound size 2-6 cm</td>
<td>9 (37.5%)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Swelling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No edema</td>
<td>0</td>
<td>9 (37.5%)</td>
<td>0.000</td>
</tr>
<tr>
<td>Mild edema</td>
<td>2 (8.3%)</td>
<td>10 (41.7%)</td>
<td></td>
</tr>
<tr>
<td>Moderate edema</td>
<td>14 (58.3%)</td>
<td>5 (20.8%)</td>
<td></td>
</tr>
<tr>
<td>Sever edema</td>
<td>8 (33.4%)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
moderate edema. However, Moeini and colleagues reported a significant reduction in edema [32]. In another study, the results showed that edema was significantly reduced during the quarter after stenting and in 33.3% of patients, edema completely improved [31]. The meta-analysis also showed that implantation of a stent to treat iliofemoral venous occlusion improved 64 to 68% of the edema [20].

In the present study, the patients' satisfaction rate survey showed that 54.3% of them had good satisfaction. Also, the study by Falcoz et al. showed that endovascular stent placement for iliofemoral obstructive venous lesions after thrombosis had a significant effect on improving patients' quality of life. This method also had a high rate of clinical success and safety [31]. A study by Kurklinsky et al. confirmed the safety of this method [19]. Other studies have confirmed its safety and effectiveness [32-34]. Therefore, based on the results of the study and also by considering the endovascular approach with venous angioplasty and stenting in comparison with conventional surgical treatments to a fully accepted treatment option in chronic venous obstruction with a high rate of technical success, minimal complications and There has been a very short hospital stay [15, 35-37], stent placement in patients with chronic venous symptoms following DVT in the iliofemoral segment is an effective, usable and practical method.

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Author contribution
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Authors declare no conflicts of interest.

Ethical declaration
There was no ethical declaration.

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References