

C'Ecuq'qht' O kulpi 'KKE<Cry c{ u'Cdugpv'qt'bp'Cf xgtug GxgpvA

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kw qf wv kq—When taking care of the adolescent or young adult patient, it is important to consider both pathologies of childhood and adulthood. In this case, a patient was found to have significant thrombosis secondary to extensive venous collateralization. The formation of these collateral vessels may represent complications of central catheter placement in childhood or congenital anomaly of the inferior vena cava (IVC). While congenitally absent structures are often expected to show symptoms during childhood, an adult male patient has been reported in the literature to have an absent IVC not diagnosed until age 54 with first deep vein thrombosis (DVT) occurrence.¹ Congenital absence of the inferior vena cava is extremely rare and may present with DVT presumably related to abnormal venous flow. In many patients it is not well understood whether an absent IVC is the consequence of an anomaly of fetal development or a complication of central catheterization in infancy.

Ecuq'Tgr qt v—A 16-year-old male was admitted with 1 month of worsening hip and left lower extremity pain with erythema and edema of the left lower extremity (LLE). Past history revealed a possible aortic arch abnormality and a reported history of a left femoral venous catheter which had become “kinked” during his NICU stay. He had no personal history of immobilization, surgery, DVT, or pulmonary embolism (PE). His exam was significant for nonpitting edema of the LLE to the mid-thigh accompanied by pain with dorsiflexion of the left foot and varicose veins on the left anterior thigh. LLE ultrasound revealed an extensive and occlusive DVT involving the left femoral, profunda, and left common femoral veins extending down through the left popliteal and posterior tibial veins. Subsequent CT venograms of the pelvis revealed no visible IVC with extensive venous collaterals. After undergoing lytic catheterization and femoral venoplasty, he was discharged