

# Case study: Crossing a difficult venous occlusion with the TriForce® Peripheral Crossing Set

## Physician

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## Affiliation

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## Clinical History

The 55-year-old female is a member of the US military with a history of deep vein thrombosis. Several years ago, she developed a DVT in her left lower extremity during a long flight from the United States to Guam. She was treated with classic anticoagulation therapy, and her symptoms resolved.

Several years ago, she presented to the ER with a massively swollen left lower extremity and was immobile.

The venography showed she had an occlusion of the venous system from her left common femoral vein that extended through her entire left lower extremity. (Figure 1)

## Procedure

The left popliteal vein was accessed using a Micropuncture® Introducer Set, and a 6 Fr short sheath was placed. A Kumpe catheter/stiff-angled, hydrophilic-wire combination made rapid progress in recanalizing up to the ilio caval junction where the wire buckled and would not cross into the inferior vena cava (IVC). After several attempts with a multitude of support catheters and wires, recanalizing into the inferior vena cava was unsuccessful.

The patient was then placed supine, and the right internal jugular vein was accessed with a flush catheter placed in her right iliac vein. A cavogram showed no thrombus in the IVC and an ostial occlusion of the left iliac vein. The Kumpe/hydrophilic-wire catheter from the right internal jugular vein was successful at crossing into the occluded left iliac vein. This system was left in place as a reference, and the patient was again placed in the prone position.

From the left popliteal approach, there was another failed attempt to cross the iliac occlusion using a Kumpe/hydrophilic-wire combination. The TriForce Peripheral Crossing Set with Curved Tip Sheath and Curved Tip Catheter (Order# G56415) was then chosen. Advancing both the inner and outer catheters as a system while keeping the tip of the angled inner catheter medial, TriForce successfully crossed into the IVC. (Figure 2)

Pharmacomechanical therapy and overnight thrombolytic therapy were performed. The next day CT venogram showed resolution of all the thrombus with classic May-Thurner syndrome of the left side.



Figure 1 – Occluded femoral vein, pre TriForce crossing.



Figure 2 – Occluded left iliac vein post TriForce crossing.

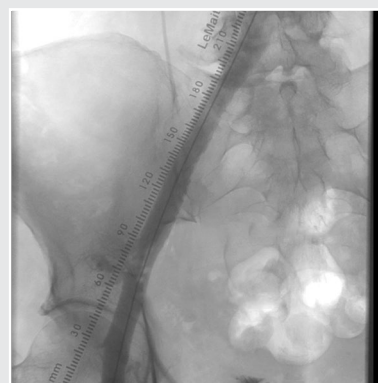


Figure 3 – Post treatment venography

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The patient then went on to minimally invasive treatment to address May-Thurner syndrome with excellent results. (Figure 3)

**Conclusion**

After several failed attempts with other catheters, TriForce was used to successfully cross the chronic venous obstruction. As a result, the physician was able to successfully treat the patient.

*Dr. Erbacher is a paid consultant of Cook Medical.*

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