Treatment of compression-related central venous stenosis in patients with cancer

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Disclosure

Speaker name:

..................Gerry O’Sullivan......................

I have the following potential conflicts of interest to report:

- Consulting- Bard/Cook/Medtronic/Boston Scientific/Creganna/
- Employment in industry
- Stockholder of a healthcare company- Marvao Medical
- Owner of a healthcare company
- Other(s)

■ I do not have any potential conflict of interest
I don’t care if you call it “lymphoedema” but

PROVE TO YOURSELF FIRST

that it is not venous thrombosis or venous compression before consigning patient to “lymphoedema”
In Galway we treat cancer and non-cancer patients precisely the same with respect to deep vein thrombosis and limb swelling.
Vast majority showed rapid and sustained improvement in symptoms....
Isolated Pharmacomechanical Thrombolysis Plus Primary Stenting in a Single Procedure to Treat Acute Thrombotic Superior Vena Cava Syndrome

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We are NOT talking about Venous Gangrene!!!!

• Retrospective review 2004-14
• UCH Galway and Galway Clinic
• Single operator- GOS
• All cases of Phlegmasia & Venous Gangrene
We are NOT talking about Venous Gangrene!!!!

2004-2014 Galway
Phlegmasia v Venous Gangrene

- N=23
- Swollen
- Tense
- Purple
- Occasionally blisters
- Unilateral
- May have cancer but usually not as advanced
- CANNOT weight bear

- N=4
- Less swollen
- Not tense
- Black toes/feet
- Blisters more common
- Often bilateral
- ALWAYS malignancy related
- Too sick to weight bear but can do so
Phlegmasia v Venous Gangrene
Results

Phlegmasia due to IF DVT in cancer patients
n =23

- 85% fully treatable in single session < 3h
- Catheter Directed thrombolysis required in only 15%;
- Both are very safe techniques
- Primary Patency over 70% at 90 days

Venous Gangrene n=4

- All had diffuse malignancy
- Treatment attempted in 3 patients
- Successful lysis in all 3 but all rethromboosed within 1/52
- 3 of 4 patients dead by day 13
- 1 of 4 presented with Venous Gangrene but was only eventually diagnosed with cancer at 9/12!
3 year old girl; rhabdomyosarcoma left calf; surgery, radiotherapy, swollen left leg
Venous Stent patency
Cancer vs. non cancer “chronic PTS” \((p = 0.03)\)
Khairy/Neves/O’Sullivan in press
Conclusion:

• Cancer related venous swelling should be aggressively treated
• SVC, IVC, lower limbs can all be addressed
• Upper limbs more likely true lymphoedema (breast Ca, lymph node dissection) and less responsive
• Patency close to standard chronic PTS patients
• Venous gangrene is a different entity and we should be less aggressive
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