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Floating thrombus at GSV junction – a chance for instantaneous endovenous repair. Case report.

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Introduction: A 75 year-old male patient (former general practicioner) presented for ultrasound examination with varicose veins. Incidentally, a floating egg-shaped thrombus was found at the right SFJ. Thrombus size was 14 x 7 x 6 mm, located in a clearly refluxive vein of 9 to 16 mm Ø. Due to threatening embolism, the decision was to go for immediate endovenous treatment.

Methods: In a first step, the saphenofemoral junction was narrowed by ultrasound-monitored perivenous saline (Klein´solution), injected with a 21 G needle (120 mm) in coaxial approach. A soft PTFE catheter (PhleboCath®, 2.3 mm) was positioned distal to the thrombus. Using a 810 nm laser device (12 W, Medart, 600 micron spherical fibre), the thrombus was fixed by coagulation. The diseased GSV was occluded with the same laser (80 – 120 J/cm). Discharge with Clexane 2 x 20 mg s.c. for 3 days, compression stocking class II.

Results: The final images showed exact closure oft the GSV with laminar flow in the femoral vein. The postinterventional period (follow-up: 2 - 4 – 8 weeks) was asymptomatic with minor discomfort along the treated vein, not limiting any activities and not requiring medication. Presentation after one year was without a trace of varices and perfect GSV closure.

Discussion: Surgical thrombus removal would have been the standard choice, offering reliable prevention of embolism. Interventional thrombaspiration is less safe. Furthermore, a large and phlebitic GSV may be better suitable for surgical extraction. However, the chosen strategy to fix the thrombus and then endovenously occlude the GSV is as well highly safe to prevent embolism. Furthermore, it is minimally invasive, requires just local anesthesia and allows immediate ambulation with just few days of anticoagulation.