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CONGENITAL APLASIA OF THE LEFT ILIAC VEIN IN A PATIENT WITH CONCOMITTANT STURGE-WEBER SYNDROME AND MAY-THURNER SYNDROME WITH CONGENITAL ABERRANT LEFT FEMORAL TO RIGHT GREATER SAPHENOUS VEIN BYPASS

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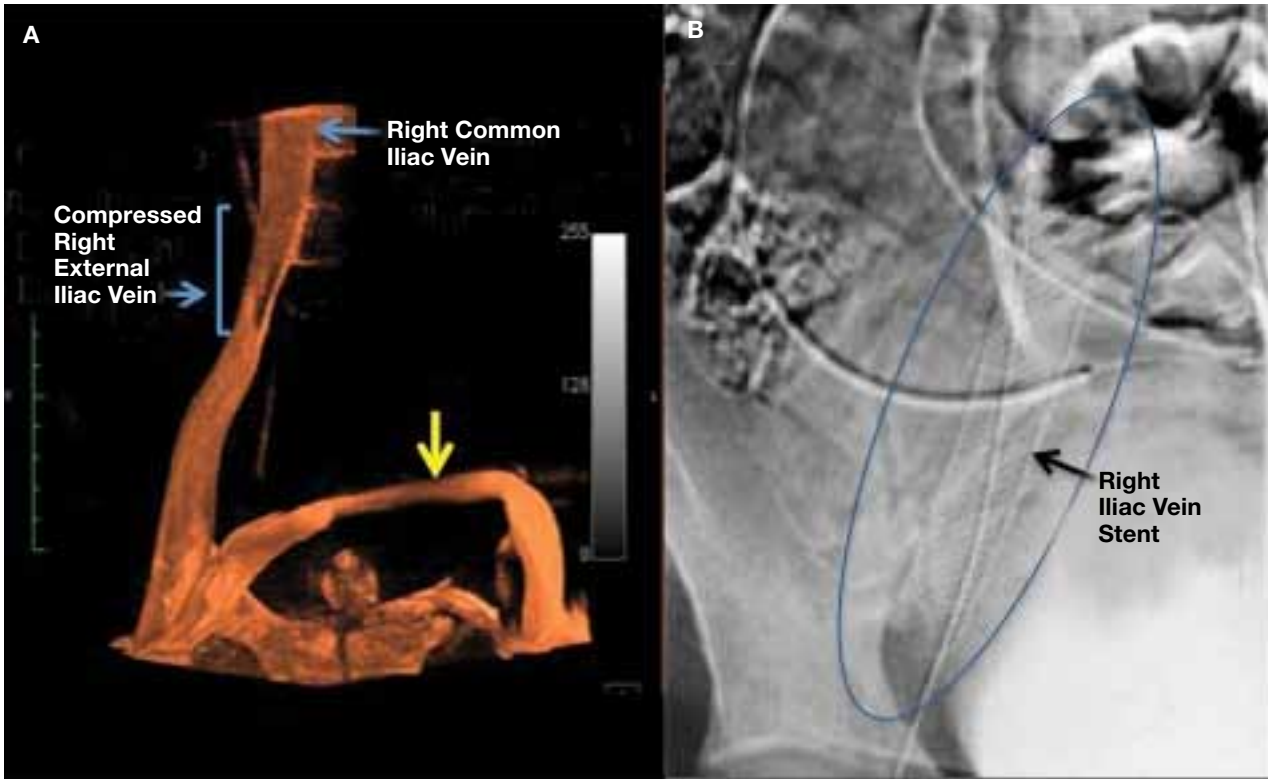

CONGENITAL APLASIA OF THE LEFT ILIAC VEIN: A 27-year-old patient with Sturge-Weber Syndrome (SWS) presented with a recurrent, nonhealing left lower extremity venous ulcer due to an aplastic left iliac vein. Panel A depicts a large superficial pelvic collateral functioning as a congenital aberrant left femoral to right greater saphenous vein bypass (yellow arrow), with concomitant May-Thurner Syndrome–right iliac vein compression by the right iliac artery (artery not shown). SWS is a sporadic congenital disorder with triad of port-wine stain, ipsilateral leptomeninges angiomatosis and glaucoma due to ocular choroid vascular malformations believed to be in continuum with syndromes characterized by varicose veins with or without deep venous anomalies.

The 3D angiography image was obtained from the left common femoral vein. Intravascular ultrasound demonstrated a mean diastolic gradient of 5 mmHg and obliteration of the lumen prior to treatment with a 24 mm x 70 mm self-expanding stent shown by digital subtraction angiography (Panel B). At 3-month follow-up, Duplex ultrasound demonstrated a patent right external iliac vein stent and showed that the ulcer had healed.