



# Inferior Vena Cava: Chronic Total Occlusion

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Isolated chronic inferior vena cava (IVC) thrombosis is an underreported entity of varied etiology with ambiguous presentations. We describe here a case of a 30-year-old mother of 2 children who presented to the Department of Cardiology, Super Speciality Hospital, Nagpur, in November 2016 with symptoms of extrahepatic portal venous hypertension for around 4 years with multiple portosystemic collaterals. The major collateral pathways seen with IVC obstruction include the azygos-hemiazygos, internal and external mammary, lateral thoracic, and vertebral pathways. The superficial collateral pathways include the superficial epigastric vein, the superior epigastric vein, and the inferior epigastric vein, which were visible over the abdomen in this patient, as shown in the [Figure](#), which are a diagnostic hallmark of IVC obstruction. On contrast invasive venogram, chronic total occlusion of the IVC just above the iliac vein extending to the intrahepatic part, with multiple cavernoma retrogradely filling the upper part of IVC above the liver, was seen as shown in the [Supplemental Video](#) (available online at <http://www.mayoclinicproceedings.org>). She was tested for hypercoagulopathy and was sent to the interventional radiologist for percutaneous angioplasty. However, for financial reasons the patient did not undergo angioplasty and was treated with intravenous heparin. Oral warfarin was prescribed on discharge. She was asked to follow-up at 3 months.



**FIGURE.** Inferior epigastric veins were visible over the abdomen and are a diagnostic hallmark of inferior vena cava obstruction.

## SUPPLEMENTAL ONLINE MATERIAL

Supplemental material can be found online at <http://www.mayoclinicproceedings.org>. Supplemental material attached to journal articles has not been edited, and the authors take responsibility for the accuracy of all data.

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