

Abdominal Wall Venous Collaterals

The Latent Clinical Sign for Central Chronic Venous Obstruction

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Patients with a postthrombotic syndrome, chronic venous insufficiency, or accelerated recurrent varicosities may suffer from a persistent central venous outflow obstruction. Therefore, it is important to recognize the clinical signs for central venous obstruction. Unfortunately, most physicians are not inclined to expose the groin and lower abdominal wall to search for these signs. Additionally, patients themselves rarely voluntarily invite inspection of the pubic region. These images illustrate the fact that by examining the lower abdominal wall and pubic region, one can easily recognize subtle

ipsilateral left suprapubic crossover collaterals often indicative of left iliac vein obstruction such as May-Thurner syndrome (Figure, A through E) or right ipsilateral ascending subcutaneous venous collaterals (Figure, F through I), which are natural escape routes in patients with an iliac venous outflow obstruction. Extensive bilateral collaterals are indicative of more than isolated iliac vein pathology, implying a central inferior vena cava lesion (Figure, J and K). Patients with central venous obstruction should be analyzed and treated in dedicated centers because endovenous recanaliza-



Figure. A through E, Suprapubic crossover collaterals as clinical signs for a left iliac vein obstruction. F through I, Right ipsilateral ascending subcutaneous venous collaterals as natural escape routes in patients with an iliac venous outflow obstruction. J and K, Extensive bilateral venous collaterals indicative of a central inferior vena cava lesion.

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tion and stent placement result in a relief of clinical symptoms with an acceptable long-term secondary patency rate of $\approx 90\%$ at 24 months¹ and 80% at 54 months.²

Disclosures

None.

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