May-Thurner Syndrome Treated with Endovascular Wall Stent
— Report of two cases —

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2. Thrombolysis
3. Stents

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Schneiter, Switzerland, 직경 12 mm, 길이 63 mm)을 삽입하였다. 스테트 삽입 후 정맥암의 압력차가 있었으며, 정맥조영술상 원종장군정맥 내에 스테트가 정상적으로 삽입되어 있었다(Fig. 2). 시술 후 3일 동안 해파린을 사용하였으며, 외래진 행렬방법하였다. 내원 6일째 외 레 다리를 부종은 거의 감소하였다. 해파린은 퇴원 후 6 개월 간 지속 두여하였으며, 1년 간의 추적 관찰 후 잔 여가 관찰된 바가 있었다.

증례 2

환자는 3일 동안의 좌측하 부종을 주소로 내원한 25세 여자로, 좌측하의 부종 외에는 과거력 및 신체적 소견상 특이 소견이 없었다. 정맥조영술상 원종장군정맥 및 대퇴정맥에 혈전증이 있어서 흔한 정맥류

serve를 조영술과 대퇴동맥 카테터를 혈전유출로 위자진 후 해파린과 유로시나제를 지속적으로 주입하여 혈전유해설을 시도하였다. 5천 IU의 해파린과 20만 IU의 유로시나제를 일시 정주(bolus injection)한 후 시간 당 유로시나체제 15만 IU, 해파린 1천 IU를 지속적으로 정주하였고, 2일 동안 매일 정맥조영술을 시행하여 카테터의 위치를 제고정하였다. 총 620만 IU의 유로시나제를 사용하였다. 혈전이 모두 제거된 후 시행한 정맥조영술상 원종장군정맥 내의 혈착 및 3 mm의 압력차가 있어서 스테트(Easy Wall Stent, Schneiter, Switzerland, 직경 14 mm, 길이 50 mm)를 삽입하였다. 시술 후 3일 동안 해파린을 사용하였으며, 외래진 행렬방법과 함께 외래 추적관찰 중이다.

고찰

심부정맥혈전증은 다리의 부종과 동통을 유발하는 질환으로, 미국에서는 금성 심부정맥혈전증이 매년 약 250,000명이 발생하는 것으로 보고되며, 약 1000명당 1.6명의 발생율을 보인다. 심부정맥혈전증은 혈전의 확장과 퇴행변성 같은 급성 혈전증을 보일 수 있으며, 만성 혈전증으로는 만성적 부종, 구강혈소판착, 정맥성 파행, 요혈성 패혈, 정맥류, 피하조직의 섬유화 등의 혈전 증후 증후군(Post-thrombotic syndrome, postphlebitic syndrome)이 있으며 이는 심부정맥혈전증 화자 중 약 5%에 이른다.17) 심부정맥 혈전증의 치료는 해파린이나 다른 항응고제를 이용한 보존적인 치료가 시행되어 왔지만, 심부정맥 혈전증 중 약 20%를 차지하는 장골대퇴정맥 혈전증에서는 적절한 항응고제 치료에 단지 10%에서만 10일 내 완전 유해가 되며, 40% 정도에서는 오히려 혈전이 지속적으로 진행되는 것으로 보고된다. 또한 5~10년

의 장기 추적 결과에 따르면 적절한 항응고제 보유에

도 불구하고 화자의 반 이상이 정맥성 파행을 보이며, 86%에서 정맥 유혈성 귀양증, 95%에서 판막기능의 소실이 나타나며, 거의 모든 화자에서 만성 하지부종이 나타나는 것으로 보고되어 있다.18) 이에 전신적인 혈전 응력을 사용しない 경우는 흔히 일상의 전신효과로 인한 부작용이 문제로 되어 이에 대한 대안으로 Semb 등이 카테터를 이용한 국소적인 혈전유해설 및 스테트
삼입을 처음으로 보고하였다. 특히 14일 이내에 발생된 군(Iliac compression syndrome)이라 하였다. 이 중후군은 이차로 정형적 방법의 제거 및 정형의 해부 변형, 오른쪽골동맥의 분리 및 왼쪽골동맥의 뒤로의 재위치 등의 수술적인 방법들이 사용되었으나, 최근에는 카테터를 이용한 국소 혈관 유해를 후 혈관 내재가 50% 이상 줄어져 있고, 암력차가 3 mmHg 이상이며 빠른혈관이 발견되는 경우 풍선카테터를 이용한 경피적 혈관정형술과 스테트 삽입이 효과적인 것으로 보고되고 있다. 스테트 삽입 후 전신적인 혈관은 3일간 투여되며, 외과적은 약 6  12개월 사용한다.

이에 저자들은 좌측 하지 부종은 주로 내원한 May-Thurner syndrome 예를 혈관유해를 및 혈관확장술과 왼측골정맥 내에 스테트를 삽입하여 성공적으로 치료하였기에 보고하는 바이다.

참고 문헌

국문 초록

중심경맥혈전증은 흔히 관찰되는 질병이다. 그러나 그 원인 중 오른총장골경맥이 원총장골동맥의 놀림과 협착에 의해 정맥 혈류가 방해받는 경우가 드물게 있으며, 이를 May-Thurner 증후군 또는 장골용매증후군 iliac compression syndrome이라 한다. 이에 대한 치료는 중심경맥혈전증이 있을 경우에 카테터를 이용한 혈전 용해술과 혈전 용해 후 원총장골경맥 내 스톨트 Stent 삽입이 추천되고 있다. 저자들은 좌측 하지 부종으로 내원하여 시행한 경맥조영술상 May-Thurner syndrome으로 진단된 2예 에서 혈전용해술 및 풍선확장술과 원총장골경맥 내에 스톨트를 삽입하여 성공적으로 치료하였기에 관련 문헌과 함께 보고하는 바이다.

중심 단어: 1. 중심경맥혈전
2. 혈전용해술
3. 스톨트