

Learning Objectives

- To present a unique case of external iliac vein compression similar to May Thurner Syndrome.
- To demonstrate the potential consequences of constipation and fecal impaction in elderly patients
- To consider a wide differential diagnosis when approaching the elderly patient with altered mental status.

Patient Presentation

An 89 year old female with PMHx left femoral DVT and PE s/p IVC filter, atrial fibrillation not on anticoagulation, anxiety, HTN, HLD, and DM who presented to the hospital secondary to a change in mental status. Pertinent history included diagnosis of a left lower extremity DVT and subsegmental PE during a previous hospital admission 6 months prior. During that admission, the patient was taken off anticoagulation after developing a left groin hematoma and had an IVC filter placed in lieu of anticoagulation. History of present illness included poor oral intake but ROS was negative otherwise.

Physical Exam:

Vitals: Temp 97.8, HR99, BP 118/61, RR 18, SpO2 98% on RA

Gen: malnourished appearing, uncomfortable, emotional, crying

Cardio: regular rhythm, normal rate, no murmurs, rub or gallops; Right dorsalis pedis and post tibial pulses 1/4, thready

Pulm: clear to auscultation bilaterally, no wheezes or rhonchi

GI: moderately distended, firm to touch, diffuse tenderness to palpation, hypoactive bowel sounds

MSK: Bilateral lower extremity 2+ pitting edema; RLE cool to touch

Lab Values

131	97	28	132
3.5	24	0.71	
18.9	13.5	426	
	40.0		

Troponin 44
AST 63
ALT 71
Alk Phos 92
Lactic Acid 2.2

Imaging Studies

CT Abdomen/Pelvis without contrast: Rectum is distended by large stool balls, and measures 12 x 12 cm transversely with moderate distention of the colon proximally. Moderate bilateral hydronephrosis and ureterectasis without visualized stone. IVC filter which appears collapsed and deformed in a collapsed appearing IVC



US Venous Duplex Doppler Bilat LE

1. Extensive occlusive DVT visualized in the right external iliac vein, common femoral vein, deep femoral vein, femoral vein and posterior tibial vein. Thrombus is nearly occlusive in the right popliteal vein.

Hospital Course

- Patient was treated with aggressive bowel regimen and IVF hydration.
- Case was discussed with interventional radiology but the patient was deemed not a candidate for thrombolytic therapy given the persistent compression from the fecolith.
- Rapid response was called for hypotension and patient was upgraded to the ICU for vasopressor support.
- Patient developed multi-organ failure including respiratory distress.
- Persistent acidosis developed with lactate 8 and pH 7.1 which was treated with sodium bicarbonate infusion.
- Urology recommend percutaneous nephrostomy placement to relieve hydronephrosis but patient was deemed too unstable.
- Patient remained hypotensive and developed agonal breathing
- Patient made DNR/DNI by her family given her continued deterioration
- Patient was ultimately made comfort care

Take Home Points

- May-Thurner Syndrome is a well known anatomical anomaly which causes compression of the left iliac vein by the right common iliac artery
- The most common sequelae of constipation include colitis, ulcers, and perforation
- There are few, if any, published cases of fecal impaction leading to deep vein thrombosis in adults.
- An appropriate bowel regimen should be initiated in all elderly patients and titrated as needed by monitoring the number of bowel movements.
- When managing DVT or swelling related to fecal impaction, it is important to deal with the stool burden in conjunction with anticoagulation and procedures such as thrombolysis or thrombectomy.

References

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