

AGENESIS OF THE INFERIOR VENA CAVA

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A 26-year-old man who reported sudden onset of dyspnea. He uses rivaroxaban due to a previous deep vein thrombosis (DVT) in the leg. On physical examination, it was detected dyspnea, tachycardia, and chest pain. A thoracic and abdominal CT angiography detected agenesia of the suprarenal inferior vena cava (IVC) (circle) along with paravertebral collateral circulation (arrows) and acute occlusion of the left infra-renal IVC and bilateral iliac veins, draining themselves into ascending lumbar veins (Fig. 1). He was treated with continuous use of rivaroxaban 10 mg, resolving a thrombosis of the infrarenal segment of the vena cava.

The agenesia of IVC is often associated with atrophy of the right renal system and may be a cause of pelvic congestion syndrome. Some theories suggest that the agenesia of the IVC below the kidneys may be the result of a thrombosis that occurred during intra-uterine or perinatal development, rather than being a congenital defect. However, the absence of deep venous systems in certain patients suggests the possibility of an additional embryological event contributing to the phenomenon. Other theories postulate that the absence of the IVC may be due to a defect in the development of the vein.

Figura 1 |

