

Abstract 14**Problematic Outcomes Following Contemporary Management Of Venous Thoracic Outlet Syndrome**

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We reviewed our experience with multimodal management of venous TOS to assess the role of aggressive efforts at venous recanalization and the relationship to functional outcome. Since 1995, 7 patients (6 male and 1 female) ages 16-53 presented with symptomatic axillosubclavian venous thrombosis. All but one had a recent history of strenuous arm activity or were athletes. Four patients presented on anticoagulation with recurrent thrombosis after previous thrombolysis and/or PTA one to six months prior. Patients underwent preoperative venography and catheter directed thrombolysis (7) and PTA (4). Residual stenoses of 2-5cm in length were present in 6 patients and chronic occlusion in one. All operations were performed via either a supracavicular or paracavicular approach and consisted of anterior scalenectomy (7), first rib resection (7), medial claviculectomy (2), cervical rib resection (1), circumferential venolysis (7), venous catheter thrombectomy (3), vein patching (2), endovenectomy (3), and internal jugular venous transposition (2). One perioperative occlusion of the subclavian vein occurred and was successfully treated with tPA and PTA but required operative drainage of a wound hematoma. Postoperative duplex-ultrasound follow-up was available for all patients and revealed recurrent thrombosis (1 to 6 months) of the treated subclavian vein in four patients despite therapeutic anticoagulation. Only one of these patients had worsening symptoms with the remaining 3 patients improved. Both patients requiring IJ transposition were asymptomatic with patent reconstructions. Vein TOS is associated with aggressive multimodal interventions and venous reconstruction has an acceptable functional outcome despite poor venous patency rates. IJ transposition may be more durable in cases of extensive residual axillosubclavian venous disease.