

INTRODUCTION

Paget Schroetter Syndrome (PSS) is primary thrombosis of the axillary-subclavian venous axis predominantly affecting healthy young adults often associated with repeated upper extremity strenuous activity.

We describe this rare condition in a 62-year-old man.

CASE HISTORY

A 62-year-old man who stocked overhead shelves in a supermarket presented with a 2-day history of unprovoked left arm pain and swelling.

On examination, he had a swollen, blue arm with reduced range of movement.

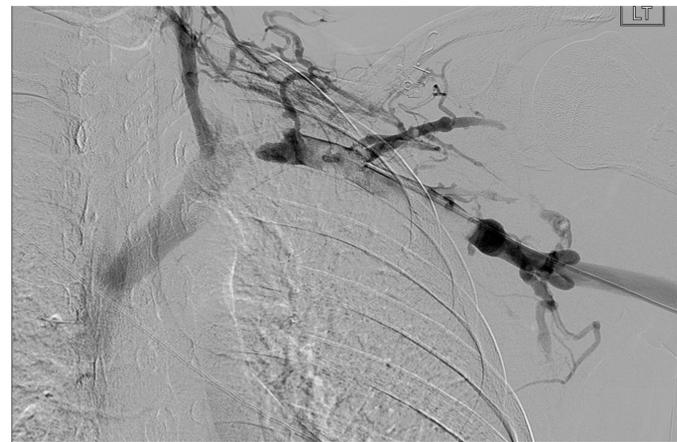
Table to show coagulation screen

Test	Values	Normal Range
FBC	137 g/L	130-180 g/L
WCC	5.8 x10 ⁹ /L	4-11 x 10 ⁹ /L
Platelets	152 x10 ⁹ /L	150-450
INR	1.2	
APTT ratio	1.08	
Fibrinogen	1.9	2-5 g/L
Factor V Leiden	Not detected	
Prothrombin mut	Not detected	
Antithrombin III	86	76-127 IU/dL

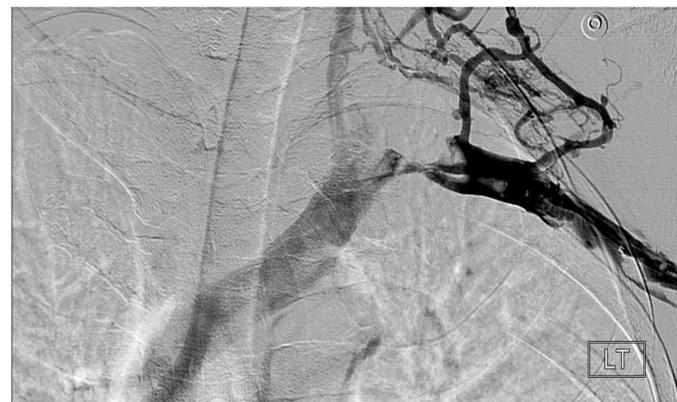
DIAGNOSIS

Coagulation screen was negative. Doppler ultrasound demonstrated thrombus in the left subclavian, axillary and brachial veins. IV Heparin infusion was commenced followed by catheter directed tpA thrombolysis via an US guided left basilic vein puncture.

Angiographic images showing filling defect in the left subclavian and axillary veins with multiple collaterals veins .



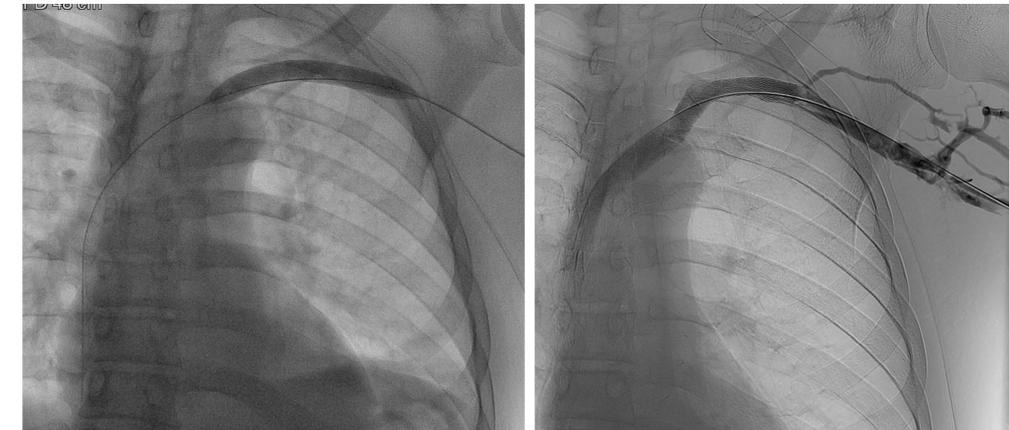
Check angiographic runs 18 hours later confirmed clearance of the majority of thrombus, however residual thrombus with extrinsic compression persisted within the subclavian vein raising the suspicion of PSS.



TREATMENT

He underwent surgical resection of the left first rib. This was followed by mechanical catheter thrombectomy (Angiojet™ Peripheral thrombectomy system, Boston Scientific) to clear residual thrombus, angioplasty and stenting of the left subclavian vein. The patient was commenced on oral anticoagulation and made a full recovery, with 1-year follow up scan showing complete recanalisation of the left arm veins.

Balloon angioplasty of the left subclavian vein with endovascular stent insertion and recanalisation.



CONCLUSIONS

Although PSS has primarily been described in young adults, this case demonstrates that it can occur in the older population.

Appropriate history including patient's occupation, unprovoked DVT and angiographic findings, should raise the suspicion of this condition.

Surgical decompression followed by angioplasty and stenting of the subclavian vein must be considered in a timely manner to prevent the sequelae of post thrombotic syndrome.