Is May and Thurner’s Original Article Appropriate for Characterizing the Iliac Vein Compression Syndrome?

Key words: appropriate literature citation, May-Thurner syndrome, iliac vein compression syndrome, iliac compression syndrome, Cockett’s syndrome, deep vein thrombosis


To the Editor We read with interest the article by Goto et al. (1) in volume 55, number 1 of Internal Medicine. The authors claim that May-Thurner syndrome occurs when the left common iliac vein is “compressed” by the right common iliac artery by citing the historic literature from 1957 (2).

Drs. May and Thurner disclosed that thrombosis of the pelvic veins occurs approximately eight times more frequently on the left side than the right side of the pelvis due to pathologic changes of venous spur-like formations at the lesion where the right common iliac artery crosses over the left common iliac vein, observed through both anatomical and histological studies among 430 cadavers (2). They speculated that a casual mechanism by which chronic irritation of the right common iliac artery could result in the acquired venous spur-like formation in the left common iliac vein. It could cause the flow of blood to change and thereby lead to the development of deep vein thrombosis in the left lower extremities. However, May and Thurner never concluded that close topographic “compression” of the left common iliac vein under the pressure caused by the right common iliac artery and the last lumbar vertebral body would cause thrombus formation distal to the left common iliac vein.

Historically, Virchow has previously suggested that the high frequency of thrombus formation in the left lower extremity may be related to the anatomically unique “compression” of the left common iliac vein by the right common iliac artery (3, 4).

Because iliac vein compression syndrome was clinically reviewed as one of the causes for postphlebitic syndrome by Cockett in 1965 (5), it is also known as Cockett’s syndrome. Medical doctors would therefore never confuse iliac vein compression syndrome with the original May-Thurner description (2) indicating anatomical spur-like formations at the lesion of the left common iliac vein by an overlying the right common iliac artery. When authors emphasize the “compression” of the left common iliac vein by the right common iliac artery as a cause of thrombosis in the left lower extremities, it is not appropriate to cite the original article of Drs. May and Thurner (2).

The authors state that they have no Conflict of Interest (COI).

Hitoshi Sugawara1 and Katsuhiko Matsuura2

References


1Division of General Medicine, Department of Comprehensive Medicine 1, Saitama Medical Center, Jichi Medical University, Japan and 2Department of Radiology, Saitama Medical Center, Jichi Medical University, Japan

Received for publication January 12, 2016; Accepted for publication February 10, 2016

Correspondence to Dr. Hitoshi Sugawara, hsmdfacp@omiya.jichi.ac.jp

© 2016 The Japanese Society of Internal Medicine Journal Website: http://www.naika.or.jp/imonline/index.html