

# Percutaneous Mechanical Thrombectomy with the Inari ClotTriever Device in a Pediatric Population

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## Purpose

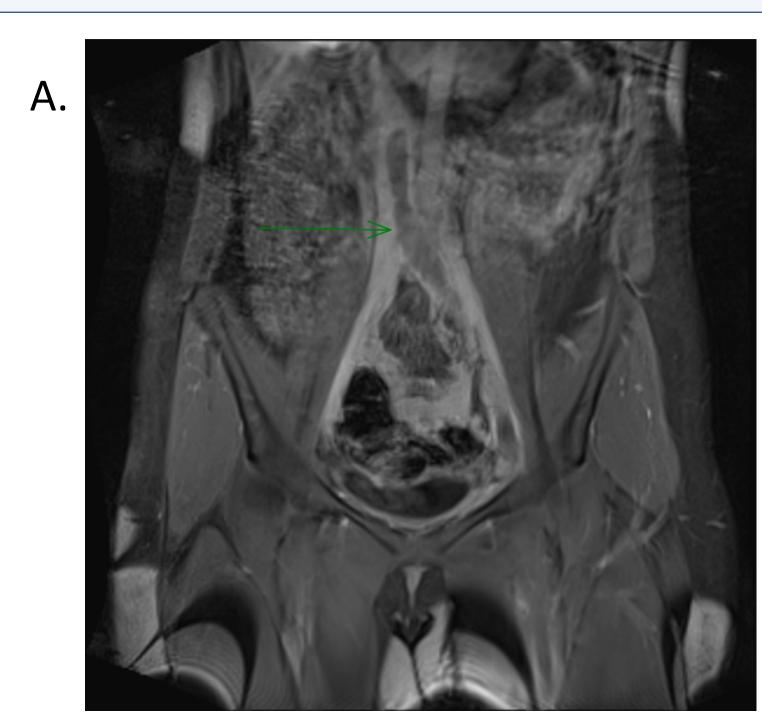
- Pediatric deep venous thrombosis (DVT) is rare, resulting in significant morbidity due to post-thrombotic syndrome (PTS).
- Percutaneous mechanical thrombectomy (PMT) can decrease PTS severity in iliofemoral DVT, and have been described in pediatric population, usually reserved for limb-threatening cases. 1-3
- Inari ClotTriever (Inari Medical, Irvine, CA) is a large-bore PMT device described for DVT removal in adults<sup>4</sup>. We describe its use in a pediatric population.

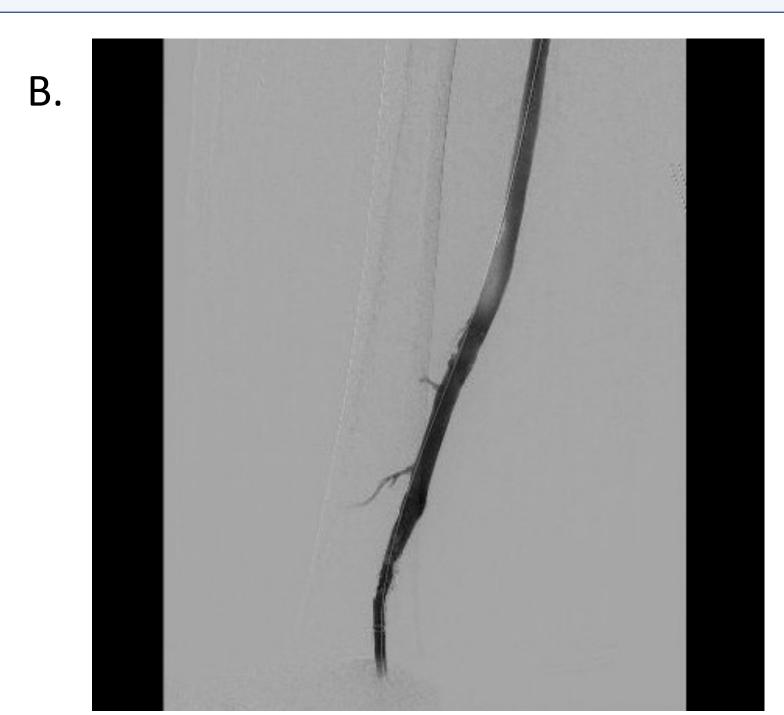
#### Materials & Methods

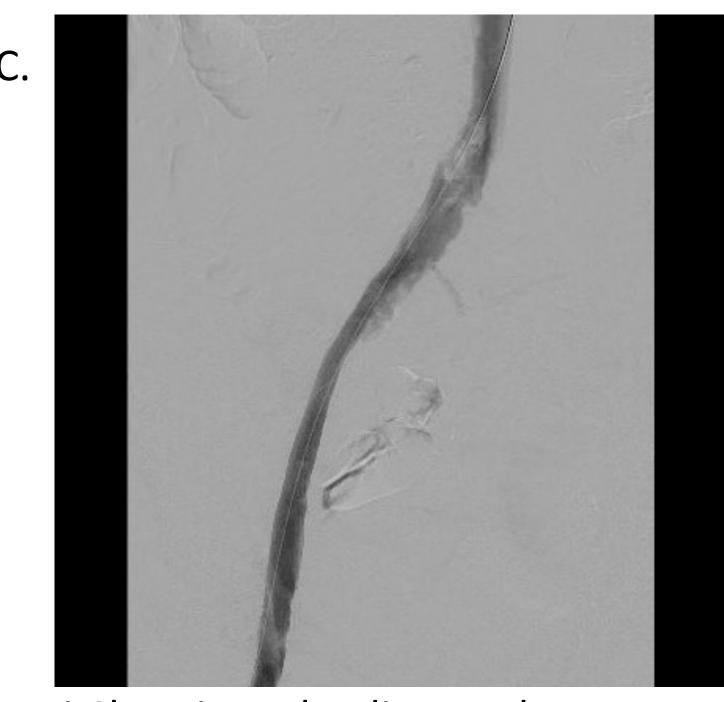
- We reviewed three cases of patients who underwent ClotTriever PMT at our pediatric hospital 2020-2021.
- Iliofemoral DVT was diagnosed using ultrasound and MRV or CTV, which showed no extrinsic compression.

#### Results

<u>Case 1:</u> 17-year-old on oral contraceptive pills (OCP) with left leg pain, found to have left iliofemoral DVT (Figure 1a). Patient failed to improve after 5 days of systemic anticoagulation.
After unsuccessful overnight CDT and rheolytic PMT, patient was treated with ClotTriever device and overnight CDT, with clot resolution on final venogram (Figure 1b-c). No acute bleeding complications occurred. Patient was discharged on apixaban (Eliquis). On 3-month follow-up, patient had improved symptoms and imaging demonstrating patent left lower-extremity veins. Long-term follow-up ultrasound and MRI showed no evidence of iliocaval thrombosis or clinical symptoms of post-thrombotic syndrome.







**Figure 1**: Pre-thrombectomy magnetic resonance venography demonstrating iliocaval DVT (A), treated with Inari ClotTriever leading to clot resolution on digital subtraction angiography (B-C).

- <u>Case 2</u>: 11-year-old on OCP with right leg pain, found to have right iliofemoral DVT. Patient failed to improve after 4 days of systemic anticoagulation and thrombolysis. After unsuccessful rheolytic PMT, patient was treated with ClotTriever device, with clot resolution on final venogram. No acute bleeding complications occurred. Patient was discharged on apixaban (Eliquis). Patient had symptom resolution on 6-month follow-up. Subsequently, patient was lost to follow-up.
- <u>Case 3</u>: 15-year-old with PCOS on OCP with right leg pain and dyspnea, found to have right iliofemoral DVT and segmental pulmonary embolism. Patient was started on systemic anticoagulation overnight and treated with single session ClotTriever PMT with an embolic protection device, with near-total resolution of clot burden on final venogram. No acute bleeding complications occurred. Patient was discharged on subcutaneous enoxaparin (Lovenox) after improvement in symptoms. 2-month follow-up imaging demonstrated decreased clot burden with residual chronic thrombus and clinical symptoms improved from initial presentation.

#### Conclusion

- We describe the safety and feasibility for large-bore PMT with Inari ClotTriever in the pediatric population for acute iliofemoral DVT.
- Further research should explore the safety and efficacy of this device in the pediatric population.

### References

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