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LEARNING POINTS

- Anti-voltage-gated potassium channel antibody-associated disorders should be considered in unexplained adult onset neurological disorders.
- Anti-voltage-gated potassium channel antibody-associated disorders respond to treatment with immunosuppressive drugs.
- Malignancy should be excluded as voltage-gated potassium channel antibody complex disorder may represent a paraneoplastic disorder.

Images in Medicine

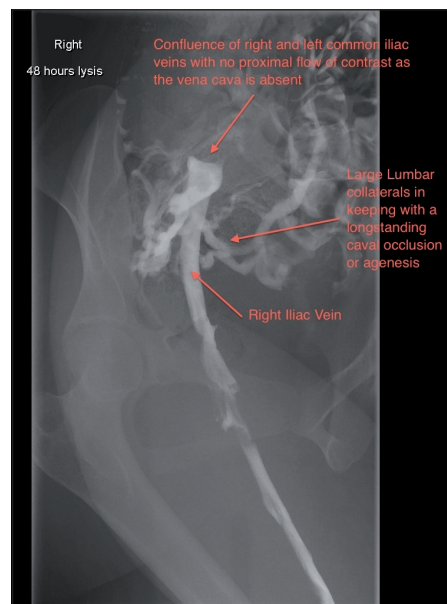
Congenital absence of inferior vena cava: an overlooked cause of deep vein thrombosis

A 28-year-old woman presented with pain and numbness around the sacral area which was attributed to musculoskeletal problems. She re-presented with increasing right leg swelling in the next 2 days, confirmed to be an extensive femoral thrombus on ultrasound Doppler. Computed tomography venogram, in preparation for thrombolysis, demonstrated absent iliac veins and lower inferior vena cava (*Figure 1*). Thrombolysis and anticoagulation resulted in significant symptomatic improvement. She was discharged on lifelong anticoagulation.

Congenital absence of inferior vena cava is present in 0.3–0.5% of the population with a higher prevalence in individuals with cardiovascular problems (2%) (Bami et al, 2015). About 5% of patients under 30 years of age presenting with unprovoked deep vein thrombosis are found to have absent

inferior vena cava, possibly as a result of embryological dysgenesis and perinatal thrombosis (Lambert et al, 2010; Parsa et al, 2015). Collateral flow which develops is insufficient, risking deep vein thrombosis development, although smaller vessels means reduced risk of pulmonary embolism. Diagnosis requires computed tomography or magnetic resonance angiography (Dougherty et al, 1996). Treatment is with anticoagulation and thrombolysis with low bleeding risk. **BJHM**

Figure 1. Computed tomography venogram demonstrating the absence of the inferior vena cava.



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