

Electrocardiogram:

Normal rhythm, without repolarization abnormalities or pathological indications.

EchoDoppler of the neck veins:

LEFT:

v. jugularis int. sin. - max. d = 5.6 mm, min. d = 1 mm, reduced distal blood flow V max = 5 cm/sec.,

RIGHT:

v. jugularis int. dex. - max. d = 12 mm, min. d = 2.1 mm, reduced distal blood flow V max = 14 cm/sec.,

Examination in the sitting position:

v. jugularis int. sin. - min. d = 1.2 mm; **v. jugularis int. dex.** - min. d = 3.5 mm;

Conclusions: CCSVI, stenosis in both jugular veins:

Left Jugular- Severe (75-99%). **Right Jugular-** Moderate (50-75%)

The jugular veins stenoses are located in the middle segment of both jugular veins, the confluence of v. jugularis sinistra and brachiocephalic vein. Indirect data of stenosis in the v. azygos system (lack of normal jugular vein collapse reaction in the sitting position).

Invasive diagnostic and therapeutic procedures performed:

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Protocol Number 2337 /2010

Phlebography and venous angioplasty:

V. jugularis int. dex. - 0% stenosis

V. jugularis int. sin. - 70% stenosis in the confluens. Several dilatations were performed with an Ever Cross 12.0x60mm balloon at 10 atm. pressure with optimal angiographic results, without significant residual stenosis and normalized blood flow;

V. azygos - 70% stenosis in the middle segment. Several dilatations were performed with a 8.0x40mm balloon at 6 atm. pressure with optimal angiographic results, without significant residual stenosis and normalized bloodflow.

Conclusions: CCSVI Zamboni Type A. Stenosis in the left jugular vein and azygous vein. Dilatation in the left jugular vein and the azygous vein. Normal venous blood flow established.

EchoDoppler examination of the jugular veins (One day post-procedurally):

v. jugularis int. sin. - min. d = 2.9 mm.,

v. jugularis int. dex. - min. d = 6.7 mm.,

Examination in the sitting position:

V. jugularis int. sin. - min. d = 1.3 mm;

V. jugularis int. dex. - min. d = 1.5 mm;

Conclusions: Normalized diameter and blood flow in both jugular veins. Normal jugular vein collapse reaction in the sitting position- indirect data of unobstructed azygous vein.

Therapeutic schedule: Fraxiparine and Aspirin - before the liberation procedure, Heparin, Pradaxa, Aspirin after the endovascular procedure, Sol. Glucose 5%+Urbason 20 mg;

Registered complications: None reported or observed. Slight discomfort and pain after the liberation procedure.

Patient Status at discharge: without change in overall condition

Home therapy:

Post balloon dilatation only: Pradaxa (2x110mg) - one dose of 110 mg x two times per day for one month,