Venous Compression Syndrome (VCS).

To diagnose the VCS of an internal jugular vein, not visible with EcocolorDoppler, we need the patient turns the head inward to see the vein expand. If this maneuver may be ineffective, we use the Valsalva maneuver. These maneuvers allow us to understand whether the vein is only compressed or falls in one of the first three above conditions. A dislocation of the first vertebra (C1-Atlas) or more distal vertebras such as C3, C4 or other even more distal, can determine a VCS. VCS can affect the vertebral veins at various levels with a circle of compensation via the intra-vertebral veins or other veins vicarious such as the cervical ones how can be highlighted with the venous RMI. In this case vertebral veins will not be visible with...
Doppler ultrasound in the middle part (V2) or in the proximal (V3) which are the segments that run in the vertebral canal. The cause of venous compression can depend on various factors such as a marked cervical spine lordosis, a rotation of the cervical vertebrae, abnormal insertion of a head muscle, a fibrous congenital bender, a mega doligo common carotid, an ectatic carotid bulb, a hole jugular hypoplastic, an altered posture post traumatic hypertrophy of the neck muscles [5]. In our recent studies, we found that the these compression of the internal jugular vein is equally distributed to the lower levels (J1), medium (J2) and the upper (J3) of the vessel and affects 48% of patients with CCSVI and MS. In some subjects is to a single level, in other on two levels and in others are involved all three levels. The SCV can be seen both in the upright position as well as in the supine position; some subjects (7%) have also a bilateral VCS [6]. The decompression treatments are possible and can be non-invasive and invasive. The currently used are: 1. adjustment of the first cervical vertebra, 2. adjustment of all cervical vertebrae, 3. postural gymnastics, 4. resection omohyoid muscle [7]. The decompression treatments to be developed in the future are 1. Decompressive fasciectomy 2. Resection of the scalene muscle 3. The re-alignment of the cervical spine with exo-prosthesis or arthrodesis. In the presence of a VCS of jugular veins, decompressive spine manipulative adjustment RIMA method [8] in symptomatic patients have a specific indication in order to reduce symptoms and in those with the lack of symptoms to prevent clinical vascular worsening (Figure 1-2). There are still many shadows on site and also on the pathogenesis of symptoms observed in individuals with VCS. We are at the beginning of a journey that we expect will be very helpful to those who have symptoms of chronic diseases “no responders” to the usual therapies and are not yet be labeled with exact etio-pathogenesis, but suffering from VCS.

References