Sultan Qaboos University Medical Journal
April 2007 Vol 7, No. 1
Sultan Qaboos University©

Double Inferior Vena Cava

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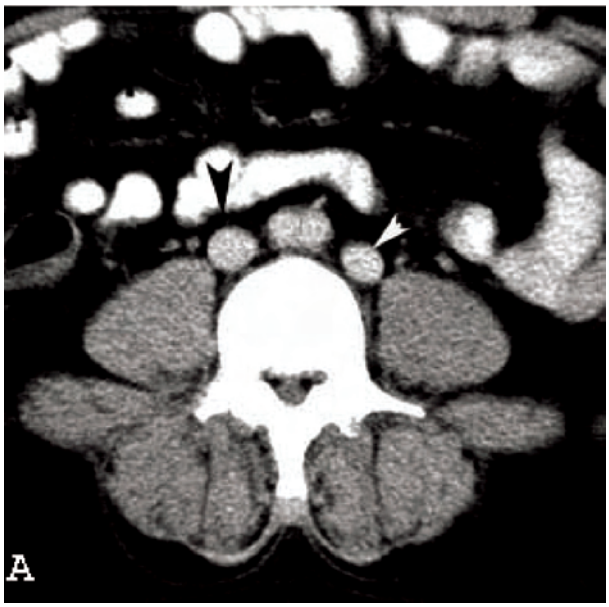

Figure 1: ***The right (black arrowhead) and the left common iliac veins (white arrowhead) fail to unite at the level of the aortic bifurcation***

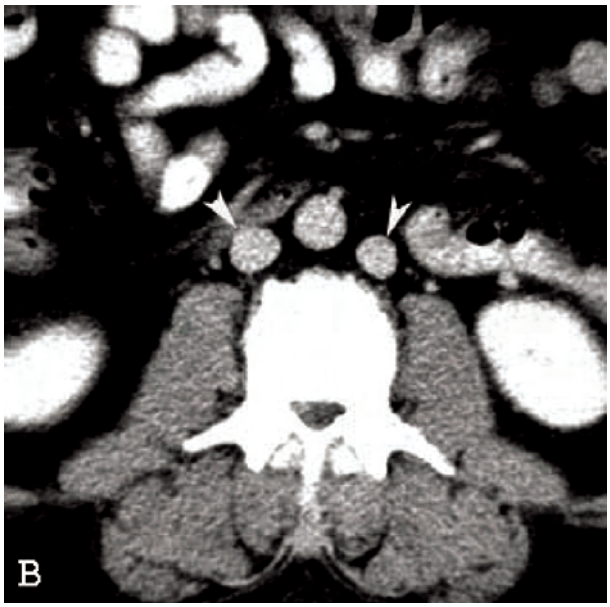

Figure 2: ***The two inferior venae cavae (white arrowheads) ascend on both sides of the aorta***

The patient is a 42 year old female. She is a chronic carrier of hepatitis B virus and is on regular follow up for the same. The computed tomography was done to look for a suspicious area in the liver, detected on a routine ultrasound of the abdomen. The liver examination was normal. Incidentally, a congenital anomaly of the inferior vena cava was detected. The two common iliac veins failed to unite at the level of the aortic bifurcation. The two venae cavae ascend on both sides of the aorta. The left inferior vena cava drains into the left renal vein. The left renal vein crosses anterior to the aorta to form the normal right prerenal inferior vena cava. The prevalence of this anomaly is 0.2%-3%.[1] This arrangement of the left renal

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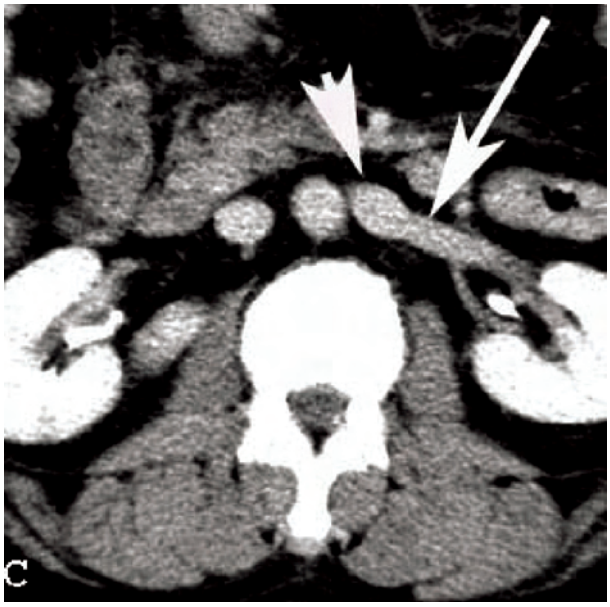

Figure 3: ***The left IVC (white arrowhead) drains into the left renal vein (white arrow)***

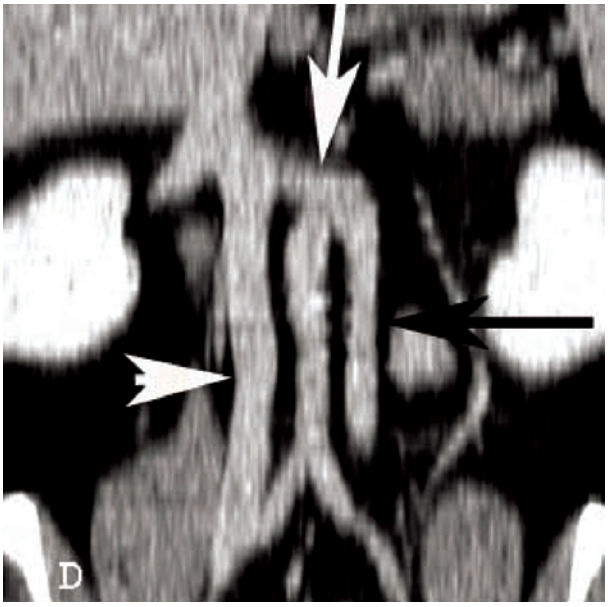

Figure 4: ***Coronal oblique reformat shows the right IVC (white arrowhead) and left IVC (black arrow) ascending on both sides of the aorta. The left IVC crosses over to the right IVC through the left renal vein (white arrow)***

vein crossing anterior to the inferior vena cava to form normal right prerenal inferior vena cava is the commonest arrangement in the duplication of inferior vena cava.[1]

REFERENCES

1. Bass JE, Redwine MD, Kramer LA, Huynh PT, Harris JH. Spectrum of congenital anomalies of the inferior vena cava: cross sectional imaging findings. Radiographics 2000; 20:639-652