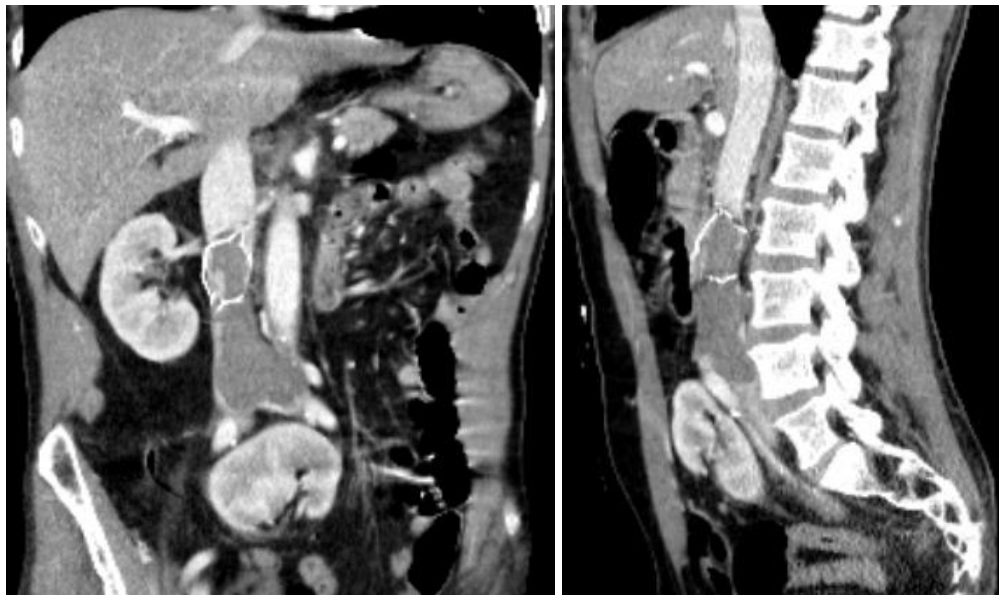


**Category:** Clinical Case Study

**Title:** Thrombus involving Ectopic Kidney and IVC Filter: An Interesting Anatomical Finding

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**Case:** A 54-year-old man presented with lactic acidosis and altered sensorium. Six years prior, an inferior vena cava (IVC) filter was placed after a provoked pulmonary embolism (PE) without resumption of anticoagulation for an unclear reason. Imaging now revealed an incidental renal ectopia partially compressing the common iliac veins resulting in a near occlusive thrombus extending up to the IVC filter. Given no evidence of venous congestion in lower extremities, no active vascular intervention or filter retrieval was planned. His metabolic derangements and altered sensorium were from severe dehydration and resolved after aggressive intravenous resuscitation. Therapeutic anticoagulation to prevent further clot progression could not be initiated as he left against medical advice. The inherent thrombogenicity of the IVC filter, along with venous stasis induced by the filter and the compressive ectopic kidney, predisposed to the thrombus formation. Given the anatomic variance and history of PE, filter retrieval may need to be indefinitely deferred.



**Figure:** Renal ectopia partially compressing the common iliac veins resulting in a near occlusive thrombus extending up to the IVC filter.