**Introduction:**

Post-thrombotic syndrome resulting from iliofemoral venous occlusive disease constitutes a magnificent burden to the patient, affecting his functionality. For decades the traditional treatment for chronic iliofemoral venous occlusive disease has been mainly conservative lines of treatment. Unfortunately this conservative treatment did not improve the functional outcome in the vast majority of patients. In our study we aimed at studying the effect of interventional lines of treatment in the form of endovascular iliofemoral venous stenting in patients with chronic post-thrombotic syndrome with special emphasis on clinical and functional outcomes after such relatively new line of treatment.

**Methods:**

Between March 2013 and January 2015, we enrolled 23 patients with chronic post-thrombotic iliofemoral venous occlusive disease in our prospective interventional clinical study. Our patients were treated by endovascular balloon dilatation and stenting for the affected iliofemoral venous segment through femoral or popliteal vein access, our primary end points were primary and assisted primary patency at 24 months follow up, while secondary end points were clinical and functional outcomes as measured by the Villalta scale and venous disability score (VDS).

**Results:**

Data was obtained for 23 patients. All of them presented with unilateral lower limb Post-thrombotic manifestations. The mean duration of post thrombotic symptoms was 17.5 months. The baseline CEAP classification of the 23 patients was, C4 (21.7%), C5 (43.5%), and C6 (34.8%). Immediate technical success was achieved in 19(82.6%) patients. Stenting was attempted in all 19 patients. Analysis of the clinical outcome at 24 months according to the Villalta scale showed a mean Villalta score difference of 15.04, t =7.87, p<0.00001 (highly significant). Analysis of the functional outcome at 24 months according to the venous disability score (VDS) using the Wilcoxon signed rank test showed a mean score difference of 0.84, z= 3.823, p= 0.00014 (highly significant). Primary, and assisted primary patency rates were calculated using survival analysis with the Kaplan-Meier method. Our primary patency rate was 89.4% at 24 months, while our assisted primary patency rate was 100% at 24 months.

**Conclusion:** This study successfully demonstrates a durable 2-years primary, and assisted primary patencies as well as sustained symptomatic relief and significant improvement in functional outcome with the majority of patients able to resume their activities of daily living. Therefore, aggressive endovascular therapy provides durable patency as well as significant clinical and functional improvement in patients with chronic post-thrombotic iliofemoral venous occlusive disease.