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A Case with Vertebro-Subclavian Steal Syndrome which Manifested Aggravating Symptom During Hemodialysis

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Vertebro-Subclavian steal syndrome (VSSS) results from subclavian artery stenosis proximal to the origin of the vertebral artery. In most cases, subclavian steal is asymptomatic, does not warrant invasive evaluation or treatment. But VSSS is characterized by symptoms of vertebrobasilar hypoperfusion or arm ischemia. We describe a case of VSSS which manifested aggravating generalized weakness and chronic arm pain during hemodialysis.

Case: The patient was a 68-years-old female maintaining hemodialysis for 21 months. She was diagnosed with diabetes about 30 years ago, hypertension 10 years ago, and triple vessel disease for 8 years ago and implanted two drug-eluting stents, one in right coronary artery and the other in left main coronary artery. She was taking irbesartan, amlodipine, aspirin, rosuvastatin and insulin injections. She was suffering from recurrent left arm pain and generalized weakness after hemodialysis. Three times (21 months, 5months, 1month ago) of A-V fistulogram with percutaneous thrombectomy of forearm were performed, but the symptom persisted with fluctuation. She participated by chance in a study on carotid Doppler sonography, which is conducted by neurologists in our hospital. Both internal carotid arterial stenosis and decreased left vertebral arterial flow were detected by carotid Doppler sonography. We decided to do further evaluation about the problem. By CT angiogram, both internal carotid and left proximal subclavian arterial stenosis was found. Access flow of A-V Fistula was 860 ml/min. Because there was a possibility that VSSS caused her generalized weakness and arm pain, we planned to angiographic intervention. She was hospitalized one day before the procedure. On admission day, Vital signs and laboratory data were stable. On second day of admission, subclavian and coronary angiography was performed. Stent was implanted in left subclavian artery successfully, and additional stent was implanted in new stenotic lesion of left anterior descending artery. Left arm claudication was fully improved after left subclavian arterial intervention. Dual anti-platelet therapy with aspirin and clopidogrel was started concurrently with implantation of stent, and is planned to maintain for one year.

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Vertebro-Subclavian steal syndrome, Hemodialysis, CKD