

KSN 2016 Abstract Submission

Dialysis

KSN2016ABS-1435

Persistent Left Superior Vena Cava Diagnosed Incidentally during Declotting Procedure for Arteriovenous Graft in a Hemodialysis Patient

Hyung-Seok Lee*¹, Sun-Ryoung Choi¹

¹Nephrology, Sahmyook medical center, Seoul, Korea, Republic Of

Background: A persistent left superior vena cava (PLSVC) is the most common central venous anomaly (0.3-0.5% of the population). More often, these anomalies are detected incidentally during imaging studies performed for central vein catheterization, hemodialysis catheter insertion, or pacemaker placement. In about 90% of cases, the PLSVC drains into the right atrium via the coronary sinus, but in 10% of cases, it drains into the left atrium, causing right-to-left shunting, which can be associated with systemic emboli. Recognition during an interventional procedure of an unexpected course of the guidewire will indicate the necessity of performing a central venography to confirm the diagnosis of a PLSVC, the possibility of right-to-left shunt, and the specific pattern of the PLSVC.

Methods: We performed an interventional declotting procedure for thrombosis of an arteriovenous graft in the left arm in a 77-year-old female patient on hemodialysis, who had no previous diagnosis about cardiac or venous anomalies.

Results: The endovascular procedure was performed safely and successfully after angiographic confirmation for absence of right-to-left shunt.

Conclusion: A PLSVC is a relatively rare but clinically relevant variant of venous return to the heart, which should be well known by the interventional nephrologist.

Keywords: Hemodialysis, Intervention, Persistent superior vena cava, Thrombectomy