

Abstract Submission No. : 1222

**A case of successful treatment of AVF thrombosis by overcoming 3 obstacles
(old thrombus after 2 weeks, complex shape of draining vein, residual
thrombus after thrombus removal)**

Heeryong LEE, Jin Ho Lee

Department of Internal Medicine-Nephrology, LEESIN Hemodialysis and Intervention Clinic, Korea,
Republic of

Case Study

Introduction: The treatment of thrombosis in the hemodialysis vascular access has a low success rate. We report a case in which a successful procedure was performed in a patient with deep vein drainage and long-standing thrombus.

Case: A 60-year-old female patient started hemodialysis in July 2021. The patient was admitted to the ICU due to hyperkalemia. The vascular access was occluded and catheter dialysis was initiated. After two weeks of intensive care, she recovered. On the vascular access ultrasound performed, a thrombus filled the anastomosis site, juxta-anastomosis, and cannulation segment, and no blood flow was observed[Fig.1]. However, the outflow was connected to the deep vein and blood flow was observed[Fig.2]. The 8Fr sheath was retrogradely inserted into the puncture area and removed using a suction catheter, a 5.5Fr fogarty balloon, and a 6 * 40mm mustang balloon catheter[Fig 3, 4]. At the end of the procedure, the thrill was recovered[Fig.5]. Since 15 days had passed since the occurrence of the thrombus, the thrombus was hard and organized, so ruptures occurred during balloon dilatation. When re-puncture was performed one week later, the BFR was 200ml/min and the venous pressure increased to 240 mmHg. On the examination, a thrombus was observed in the S-shaped area where the deep vein drains[Fig. 6,7]. The procedure was decided again, but the wire did not pass properly in a large S shape. Therefore, using an Omni-flush catheter, and then the tip was directed toward the thrombus while pulling it back, and the wire was successfully entered[Fig. 8]. After that, the thrombus was removed and blood flow was restored[Fig. 9, 10, 11]. Thereafter, three maintenance dialysis sessions were successfully performed.

Conclusion: We successfully treated a thrombus that has elapsed more than 2 weeks in a difficult AVF with deep vein outflow with 2 intravascular treatments.

Figure 1-11. Procedures

KSN 2022

SEOUL, KOREA MAY 26 - 29

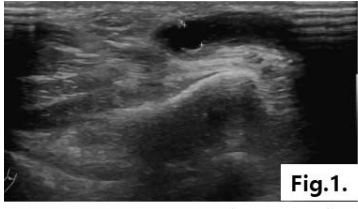


Fig.1.



Fig.2.



Fig.3.

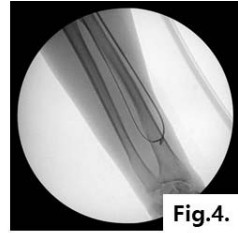


Fig.4.

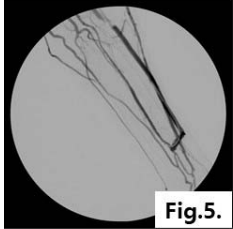


Fig.5.

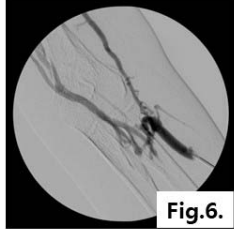


Fig.6.



Fig.7.

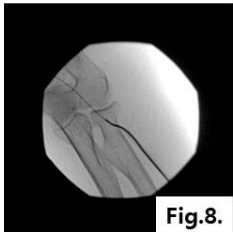


Fig.8.



Fig.9.

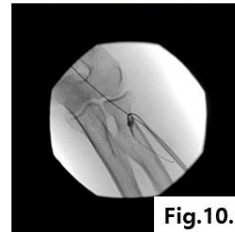


Fig.10.

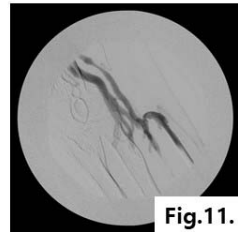


Fig.11.