



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Iatrogenic Pseudoaneurysm of the Left Brachiocephalic Vein During Permanent Catheter Insertion

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Case Study : A 75-year-old man was admitted with ST-elevation myocardial infarction and developed end-stage renal disease requiring continuous renal replacement therapy in the intensive care unit. One week prior to admission, a left brachiocephalic arteriovenous fistula had been created at a local hospital but thrombosed without maturation. The patient remained hemodynamically unstable and required CRRT for two months. Because the right internal jugular vein (IJV) was unavailable, dialysis was performed through a dual-lumen catheter in the left IJV. After clinical stabilization, the patient was transferred to the general ward with a plan for permanent catheter insertion before discharge. Preoperative vein mapping demonstrated that only right or left brachio-axillary straight arteriovenous grafts were feasible. Because the outflow tract was more favorable on the right side, a right brachio-axillary straight AVG was planned for future vascular access creation. Therefore, permanent catheter insertion was attempted via the left IJV. After catheter placement, fluoroscopic imaging demonstrated an abnormal catheter configuration. The catheter was slightly withdrawn distally and venography was performed, revealing a wide-necked pseudoaneurysm of the right brachiocephalic vein. An 8-Fr sheath was inserted via the femoral vein, and a 5-Fr angiographic catheter (JR, Terumo) was advanced over a 260-cm guidewire to the basilic vein. The proximal and distal diameters of the right brachiocephalic vein were measured at 11.1 mm and 12 mm. A 10 × 40 mm balloon catheter (Mustang, Boston Scientific) was positioned at the pseudoaneurysm site through the femoral approach. Balloon tamponade was performed several times at low pressure (1–2 atm), resulting in a modest reduction of the pseudoaneurysm. A new permanent catheter was subsequently inserted through the left internal jugular vein. The catheter provided mechanical compression of the pseudoaneurysm, which subsequently resolved. Combined balloon tamponade and catheter-mediated compression may represent an effective minimally invasive strategy for managing catheter-related central venous pseudoaneurysm.

Figure 1....png



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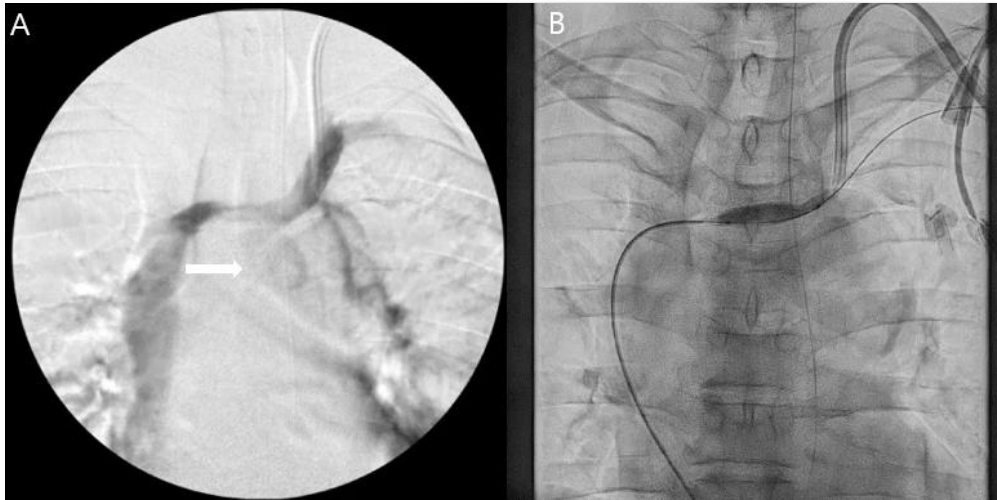


Figure 1....png

