



patients with central venous catheters (CVCs) are prone for recurrent infections, vascular thrombosis, and vascular stenosis, which contribute to significant morbidity and mortality. We present a case of a 31-year-old male who had a transhepatic hemodialysis catheter lasting for 4.5 years” Kumar et al (2018).

Extract:

Long-term chronic hemodialysis in patients with end-stage renal failure requires a durable vascular access. Patients with central venous catheters (CVCs) are prone for recurrent infections, vascular thrombosis, and vascular stenosis, which contribute to significant morbidity and mortality. We present a case of a 31-year-old male who had a transhepatic hemodialysis catheter lasting for 4.5 years.

We report a 31-year-old male who had been on renal replacement therapy for the past 15 years. The native kidney disease was reflux nephropathy progressing to end-stage renal failure. Peritoneal dialysis was started at the onset but had to be switched to hemodialysis due to recurrent peritonitis. Multiple attempts for arteriovenous fistula and grafts were unsuccessful. Prothrombotic workup was negative. Hence, the patient had been maintained on tunneled CVCs (internal jugular/subclavian and femoral access) for almost 12 years. Femoral access was 14 F × 24 cm permacath, and the tip was positioned within the left semi azygos vein. However, multiple vessel catheterization and instrumentation resulted in

thrombosis of most of his accessible veins including iliac veins along with superior vena cava syndrome.

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Reference:

Kumar, G., Hamoudeh, M.J., Noureldin, N.M., Alaqquad, I., Airon, N. , Alkhasawneh E. (2018) Difficult vascular access in a patient on chronic hemodialysis. Indian Journal of Nephrology. 28, p.330-2.

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