



**securAcath.**

**Reduce Infections**

**Decrease Dislodgements**

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The graphic features the SecurAcath logo at the top. Below it, the text 'Reduce Infections' and 'Decrease Dislodgements' is displayed in large, bold, white font against a dark orange background. A 'Learn More' link with a right-pointing arrow is positioned below the text. On the right side, there is a detailed illustration of the SecurAcath device, which is a yellow, T-shaped catheter connector with a central tube. The device has 'LIFT' and 'HOLD' labels on its wings and 'securAcath' written on the top. The background of the graphic is a gradient of orange and yellow, with a stylized representation of a vein or catheter.



We report a case of endovascular revascularization of a port catheter-associated complete occlusion of the SVC with reversed flow in the azygos vein” Tonak et al (2015).

Reference:

Tonak, J., Fetscher, S., Barkhausen, J. and Goltz, J.P. (2015) Endovascular recanalization of a port catheter-associated superior vena cava syndrome. The Journal of Vascular Access. May 30th. .

Endovascular recanalization of a port catheter-associated superior vena cava syndrome  
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Abstract:

**PURPOSE:** Superior vena cava (SVC) syndrome owing to benign etiology is rare and endovascular techniques have been advocated as the treatment of choice. We report a case of endovascular revascularization of a port catheter-associated complete occlusion of the SVC with reversed flow in the azygos vein.

**METHODS:** In this setting using a sheath in combination with its dilatator to pass the occlusion of the SVC after neither a diagnostic catheter nor a PTA balloon would pass the lesion may be a valid option. A dual venous approach was established using the right common femoral vein and an indwelling port catheter in the right cephalic vein to dilate and stent the lesion. Finally, a port may be implanted after the revascularization had been successful.

**RESULTS:** Passage through the port catheter-associated occlusion of the SVC was only possible by use of the sheath in combination with its dilatator. A dual venous access by the femoral approach and the indwelling central catheter is helpful in treating a SVC occlusion.

**CONCLUSIONS:** Long-term central venous catheters may cause SVC syndrome, especially with a catheter tip located too far cranially. An endovascular revascularization of a complete occlusion of the SVC represents the therapy of choice.

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