

**Superior vena cava (SVC) obstruction is emerging as a frequent chronic complication of central vein cannulation that not only jeopardizes the availability of vascular access for hemodialysis, but can become a life-threatening emergency” Agarwal et al (2016).**

Abstract:

Stenosis or occlusion of central veins in hemodialysis patients is common, especially with previous intravascular catheter or device use. Superior vena cava (SVC) obstruction is emerging as a frequent chronic complication of central vein cannulation that not only jeopardizes the availability of vascular access for hemodialysis, but can become a life-threatening emergency.

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Clinical features of SVC syndrome can be subtle or dramatic, including facial swelling and shortness of breath, which require expeditious attention and intervention. The approach to SVC syndrome involves judicious use of imaging techniques to define the cause and location. Early management with endovascular intervention with angioplasty and stent placement is the usual first choice. The occlusion can often be recanalized using new techniques such as radiofrequency wire and then salvaged with stents, providing prompt resolution of symptoms. Limitations to interventions include requirement of cutting-edge equipment, expertise, expense, and the usually temporary nature of the resolution. Surgery is considered the treatment of last resort for refractory cases. SVC syndrome can be prevented by minimizing catheter and intravascular device use through early recognition of patients with chronic kidney disease, early referral for education about all choices for kidney replacement modalities, and early placement of arteriovenous access prior to the onset of dialysis therapy.

Reference:

Agarwal, A.K., Khabiri, H. and Haddad, N.J. (2016) Complications of Vascular Access:



Superior Vena Cava Syndrome. American Journal of Kidney Diseases. November 17th. .

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