The coexistence of a double superior vena cava (SVC) and a partially left inferior vena cava (PLIVC) with a circumaortic collar, associated with other congenital malformations, was not described previously” Ricciardi et al (2017).

Abstract:

BACKGROUND: The coexistence of a double superior vena cava (SVC) and a partially left inferior vena cava (PLIVC) with a circumaortic collar, associated with other congenital malformations, was not described previously.

CASE DESCRIPTION: We present a 33-year-old woman in hemodialysis with complete exhaustion of the brachial routes for vascular access, admitted to our Nephrology Unit for a long-term central venous catheter (CVC) implant, usually by us performed under EchoScopic Technique (EST), an echographic venipuncture followed by continuous radioscopic control of guidewire and catheter in all the steps of implant. An intraoperative venography showed a complete stop of right internal jugular vein, a right SVC, a persistent left SVC, a left inferior vena cava in the iliac and subrenal tracts, a circumaortic venous collar in the renal tract, and normal right suprarenal and hepatic tracts.

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CONCLUSIONS: The double SVC was related to the persistence of the caudal part of the anterior cardinal veins. As to the PLIVC, the iliac and subrenal parts of the inferior vena cava can be related to the persistent left supracardinal vein, while the circumaortic venous collar to the persistent intersupracardinal and left subsupracardinal anastomoses. All invasive procedures, and particularly those potentially complicated, must be performed under EST, now considered a mandatory tool for CVC implants, owing to the hypothesis of possible venous congenital anomalies.

Reference:


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