To evaluate central venous stenosis (CVS) etiologies and presentation within a vascular surgery practice. We evaluated endovascular treatment modalities and the patency rates of our interventions” Rangel et al (2017).

Abstract:

OBJECTIVE: To evaluate central venous stenosis (CVS) etiologies and presentation within a vascular surgery practice. We evaluated endovascular treatment modalities and the patency rates of our interventions.

METHODS: 5 year retrospective review of endovascular intervention for CVS. Patient demographics, medical comorbidities, and variables were collected including etiology, indwelling device, previous upper extremity (UE) deep venous thrombosis (DVT), long term UE indwelling device (defined as greater than 30 days), malignancy status, hypercoagulable disorders, history of radiation or mediastinal fibrosis or masses, and anticoagulation and/or antiplatelet therapy. Follow-up variables included symptoms, imaging, and anticoagulation and/or antiplatelet utilization. Living patients without recent follow up were contacted with a telephone survey regarding current symptoms. Patency was evaluated by imaging or clinically by recurrence of signs or symptoms through January 2016.

RESULTS: A total of 61 patients underwent attempted endovascular CVS interventions from January 2007-2013. 47 (83%) patients had successful interventions. There were 22 (36%) end-stage renal disease (ESRD) patients. The primary etiology in 79% of patients was benign CVS secondary to an indwelling device. 89% of the interventions were primary angioplasty (PTA). The overall primary patency rates at 6, 12, and 24 months were 49%, 34%, and 24% respectively. Secondary patency rates at 6, 12, and 24 months were 97%, 93%, and 88% respectively. There were no statistical differences in demographics or outcomes in patients treated successfully with PTA or those requiring stenting. There was no statistical difference in the patency rates between ESRD and non-ESRD patients. Previous interventions were not a predictor of loss of patency.
CONCLUSIONS: Our study supported the rising trend of benign CVS predominantly secondary to indwelling devices. We demonstrated acceptable secondary patency with PTA alone. This study adds further supports for a primary angioplasty strategy in treating benign CVS. The optimal endovascular treatment for benign CVS is still undefined.

Reference:


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