

**We present an asymptomatic patient with a history of prolonged hemodialysis through a right internal jugular vein catheter who was diagnosed with superior vena cava (SVC) obstruction on 99mTechnetium-diethylenetriaminepentaacetic acid renal transplant scintigraphy” Pirayesh et al (2016).**

Abstract:

We present an asymptomatic patient with a history of prolonged hemodialysis through a right internal jugular vein catheter who was diagnosed with superior vena cava (SVC) obstruction on 99mTechnetium-diethylenetriaminepentaacetic acid renal transplant scintigraphy. During the angiographic phase, an unusual vascular filling pattern was detected on the anterior view of the abdomen. Angioscintigraphic imaging of the chest wall was suggestive of SVC obstruction.

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The SVC obstruction in our patient was related to the long-term use of an indwelling catheter in the central venous system, which is a well-known complication of such a procedure. There is also evidence of a hypercoagulable state in dialyzed uremic cases; therefore, our patient may have been more susceptible to an SVC thrombosis. Acquired compensatory dilatation of the azygos vein is rather a rare finding. To the best of our knowledge, this is the first report describing an asymptomatic patient with SVC obstruction who was diagnosed by renal scintigraphy.

Reference:

Pirayesh, E., Hashemifard, H. and Assadi, M. (2016) Detection of Superior Vena Cava Obstruction on Dynamic 99mTc-DTPA Renal Transplant Scintigraphy. *Molecular Imaging and Radionuclide Therapy*. 25(1), p.39-41.



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