



We report a case where during the placement of the dialysis catheter, it inadvertently perforated the left innominate vein. A potential disaster was prevented by deploying a covered stent over the site” Singh (2019).

Abstract:

Hemodialysis remains the most common mode of renal replacement therapy in patients with end-stage renal disease (ESRD). It requires an appropriate vascular access. The vascular access while being the “lifeline” for patients on hemodialysis is also the “Achilles’ heel” of the therapy. Although the gold standard for vascular access remains an arteriovenous fistula, in clinical practice situations often arise which mandates the use of central venous catheter (CVC). These CVCs while providing an immediate access for the performance of hemodialysis may be associated with various complications. These complications are usually minor requiring conservative management, but at times may be potentially life-endangering. We report a case where during the placement of the dialysis catheter, it inadvertently perforated the left innominate vein. A potential disaster was prevented by deploying a covered stent over the site. This alternative percutaneous approach when available can be a safe alternative to open surgical intervention and represents a paradigm shift in our approach.

You may also be interested in...

Translumbar hemodialysis long-term catheter in vascular access failure  
Accuracy of duplex ultrasound vein mapping for dialysis access  
Personalised approach to vascular access for pregnant dialysis patients

Reference:

Singh, V. (2019) Iatrogenic Central Vein Perforation: A Nonsurgical Therapeutic Approach. Indian Journal of Nephrology. 29(1), p.42-45.

doi: 10.4103/ijn.IJN\_14\_18.

