

## **Acute superior vena cava (SVC) syndrome is managed by endovascular recanalization, venoplasty with stenting, and anticoagulation. It is often associated with central venous catheters” Amberger et al (2019).**

### Abstract:

Acute superior vena cava (SVC) syndrome is managed by endovascular recanalization, venoplasty with stenting, and anticoagulation. It is often associated with central venous catheters. We present a case of a 55-year-old woman with acute SVC syndrome due to port-a-cath-associated thrombosis of the SVC and the brachiocephalic and subclavian veins who was treated with catheter-based thrombectomy and local spray thrombolysis, venoplasty, and stent placement. Port-a-cath restoration was achieved in the same session by endovascular snaring and repositioning. This case demonstrates that reoperation with surgical catheter removal and reinsertion of central venous catheters with possible complications (eg, rethrombosis, bleeding) can be avoided by single-session endovascular management.

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### Reference:

Amberger, H., Baumgartner, I., Kucher, N. and Schindewolf, M. (2019) Endovascular port-a-cath rescue in acute thrombotic superior vena cava syndrome. *Journal of Vascular Surgery Cases and Innovative Techniques*. 5(2), p.169-173. doi: 10.1016/j.jvscit.2019.03.005. eCollection.