



According to the literature, thrombolytic therapy with rt-PA may be considered the treatment of choice in symptomatic thrombosis of SVC secondary to long-term catheter, uncertainty still exists about dosage, optimal rate of infusion, and optimal duration of treatment, as well as the criteria for choosing local versus systemic infusion” Zaccone et al (2017).

Abstract:

Introduction: Venous thrombosis is a frequent complication of long-term venous access. Its management is well defined in most cases, but some specific clinical situations have not yet been definitively standardized.

Thrombosis may occur at the catheter tip and involve the superior vena cava (SVC) and/or the right atrium (RA). In such cases, while the need for a rapid intervention to relieve the venous obstruction and avoid embolism is obvious, the best management is still to be established.

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Case description: We report the case of a 25-year-old woman with symptomatic thrombosis of SVC and RA, associated with a Hickman catheter, which was successfully treated by recombinant tissue plasminogen activator (rt-PA).

Conclusions: According to the literature, thrombolytic therapy with rt-PA may be considered the treatment of choice in symptomatic thrombosis of SVC secondary to long-term catheter, uncertainty still exists about dosage, optimal rate of infusion, and optimal duration of treatment, as well as the criteria for choosing local versus systemic infusion.

Reference:

Zaccone, G., Pafundi, P.D., Veneziani, A., Verbo, A. and Colli, R. (2017) Thrombosis of the superior vena cava due to a Hickman catheter: successful management by rt-PA thrombolysis. *The Journal of Vascular Access*. July 29th. .

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