
Abstract:

Due to the unavoidable use of indwelling devices and the magnitude of the operative problems encountered, Superior Vena Cava Syndrome (SVCS) has become a serious threat for patients with a history of multiple catheter placements. True diagnosis sometimes is not available due to paucity of symptoms or due to the inadequate considerations of the disease. Particularly in patients with chronic kidney disease, the evidence of central venous occlusion dictates the avoidance of placing peripheral dialysis access in this extremity. In this article, we report two patients (case 1- a patient with end stage renal disease and case 2 – a patient with chronic kidney disease) with silent SVCS related to stenosis resulting from indwelling pacemaker leads. Furthermore, the first patient had an extrinsic factor of compression, a brachial artery pseudoaneurysm – which although it was not causative – it may certainly have contributed to the development of SVCS. The brachial artery pseudoaneurysm restricted even more the flow to cephalic vein and consequently to superior vena cava. Though pacemaker leads have been well identified previously in the literature as a cause of the SVCS, the brachial artery pseudoaneurysm causing extrinsic compression constitutes a novel factor. Through the publication of this paper the awareness of SVCS in these patients shall be definitely enhanced. Moreover, physicians, nurses and patients shall be educated regarding the requirement for peripheral vein presentation in chronic kidney disease.