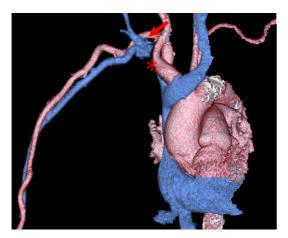
[PICTURES IN CLINICAL MEDICINE]

Brachiocephalic Vein Occlusion from a Tunneled Hemodialysis Catheter

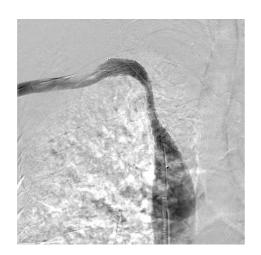
Naohiro Toda¹, Satoshi Asada² and Toshiyuki Komiya¹

Key words: brachiocephalic vein, occlusion, tunneled hemodialysis catheter

(Intern Med 58: 3339-3340, 2019) (DOI: 10.2169/internalmedicine.3354-19)



Picture 1.



Picture 3.

An 81-year-old woman on hemodialysis was admitted for right forearm arteriovenous graft (AVG) thrombosis. One year before admission, a tunneled hemodialysis catheter had



Picture 2.

been placed in the right jugular internal vein. This catheter had been removed and an AVG created six months before admission. Computed tomography revealed occlusion of the right brachiocephalic vein and jugular internal vein (asterisk and arrow, Picture 1). These occlusions were considered to have been caused by the tunneled hemodialysis catheter (1). To restore the AVG blood flow, angiography was performed, which revealed collateral circulation that preserved the right arm blood flow (arrow, Picture 2). The chronic total occlusion of the right brachiocephalic vein was recanalized, and a stent was implanted (Picture 3) (2). The unnecessary use of a tunneled hemodialysis catheter should be avoided due to risks of central venous occlusion, and angiography before AVG placement is helpful for designing AVGs in the opposite arm.

Consent for the publication of this report was obtained from the patient.

¹Department of Nephrology, Kansai Electric Power Hospital, Japan and ²Department of Cardiology, Kansai Electric Power Hospital, Japan Received: May 20, 2019; Accepted: May 29, 2019; Advance Publication by J-STAGE: July 10, 2019 Correspondence to Dr. Naohiro Toda, natoda@kuhp.kyoto-u.ac.jp

The authors state that they have no Conflict of Interest (COI).

References

 Salgado OJ, Chacón RE, Mora E, Mora-LaCruz E. Angiotomographically-proven left innominate vein occlusion in dialysis patients with prior left internal jugular vein catheterization presenting with arm swelling after ipsilateral access creation: re-

- port of four cases. Ther Apher Dial 11: 396-401, 2007.
- Vachharajani TJ, Agarwal AK, Asif A. Vascular access of last resort. Kidney Int 93: 797-802, 2018.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).

© 2019 The Japanese Society of Internal Medicine *Intern Med 58: 3339-3340, 2019*