LEFT VENACAVA TUNNELED DIALYSIS CATHETER INSERTION ACASE REPORT

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Introduction

- Tunneled dialysis catheters are widely used in end-stage renal disease (ESRD) patients with poor peripheral venous access. However, we need to be aware of the various anatomical variations so as to able to identify these tracts during the procedure.
- Persistent Left SVC prevalence in general population is 0.3 to 0.5 % and 12% in individuals with documented congential
 - heart abnormalities.
- Here we report a case of successful insertion of a tunneled dialysis catheter into the persistent left superior vena cava.



- A 27 year old female known case of CKD on Maintenance haemodialysis with multiple access failure with Left IJV catheter in-situ for 12 months (Figure 1) presented with catheter related blood stream infection.
- Right jugular catheter was removed and another Left jugular temporary catheter was initially secured. After appropriate antibiotics she was planned for left tunneled catheter insertion. While inserting the tunneled catheter, the guidewire was seen passing straight down from the left jugular vein.
- Initially, a possibility of innominate vein perforation was suspected, but on venogram it was confirmed to be a persistent left superior venacava.
- The tunneled catheter was inserted with tip in the Right atrium coronary sinus junction (Figure 2). She was continued

on maintenance dialysis without complications.





Figure 1 : Left IJV hemodialysis catheter.(Lateral view)

Figure 2. Left SVC tunneled hemodialysis catheter.(Postero Anterior view)



- The interventional nephrologist must be aware of the possible anatomical variations so as not to mistake them for complications.
- PLSVC condition, which, although very rare, is expected to increase the awareness of the nephrologist in making the diagnosis, determining appropriate management, and preventing complications, thereby improving patient safety.



