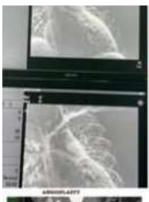
CENTRAL VEIN STENOSIS -CLINICAL PRESENTATION ,INTERVENTION AND OUTCOME AT OUR CENTRE

Dr.Chakradhar Arepalli, Dr.K.Sai Sindhu Singh, Dr.Manoj Kumar, Dr.Indhumathi E Abstract No: WCN25-AB-4241

- INTRODUCTION- Central venous stenosis is a significant and frequently encountered problem in maintenance hemodialysis patients.
- A prevalence of CVS is between 4.3% and 9.4% in hemodilaysis patients.
- The use of central venous catheters and pacemaker, defibrillator leads are established risk factors for developing CVS
- Central vein stenosis can lead to reduced flow of blood and increased venous pressure in the access site.
- This can hinder fistula or graft maturation, decrease dialysis efficiency due to recirculation, and increase the risk of access failure and inadequate dialy sis delivery
- OBJECTIVE-To study the impact of central vein stenosis (CVS) on vascular access in hemodialysis patients and its clinical outcomes.
 - •METHODS AND STUDY-

maintenance hemodialysis at our center who presented with the flow related issues and arm edema with suspected CVS are taken up for CT venogram to confirm CVS. data on basic demographics, co-morbidities, details of AV access, dialysis vintage their clinical presentations, site of obstruction interventions done and outcomes of confirmed patients of CVS were collected and analysed.











- •RESULTS: A total of 10 patients were included in this study. Out of them seven males and mean age was 52.3+11.2 years.
- Mean dialysis vintage 2.25 years, the access at presentation was tunneled catheter in 4 and AVF in 6 patients. The most common location of stenosis was Brachiocephalic with 4 patients on the left brachiocephalic and 3 on right brachiocephalic, followed by SVC and innominate vein.
- Six Patients had symptoms of venous hypertension like swelling of the arm and facial oedema, reduced blood flow and 2 of them had prolonged bleeding from the access site.
- •Two patients were asymptomatic and found to have CVS on evaluation for access creation.
- •Of 5 patients who have undergone angioplasty primary failure present in 1 and the remaining 4 patients had mean fistula survival of 7 months. Conversion of peritoneal dialysis done in 2 patients and 2 patients died during study period due to sepsis.
- •CONCLUSION: Central vein stenosis is a complication that can significantly impact vascular access, morbidity and mortality in hemodiaysis patients. Early diagnosis and intervention are crucial to maintain functional dialysis access and patient well-being.

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