SUCCESSFUL ENDOVASCULAR TREATMENT OF CRITICAL OBSTRUCTION SUPERIOR VENA CAVA DUE TO THROMBOSIS. REPORT A CASE.

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History and physical:

6 years old girl had Hirsprung disease and short-bowel syndrome after resection. Due to the fact that the patient received total parenteral nutrition, a tunnelled broviac catheter 4,2 fr was placed in superior vena cava (SVC). Her symptoms began on facial swelling. On examination she had just regular tachycardia. Additionally, she was diagnosed with thrombophilia.

Imaging:

Resting ECG: sinus rhythm, 115 HR.

Routine blood test: normal.

2D echo: no blood flow through the SVC.

Computed tomography: SVC was obstructed. Blood from upper body flows through azygos vein to inferior vena cava. Broviac catheter was placed in obstructed SVC.

Indication for intervention:

Superior vena cava syndrome.

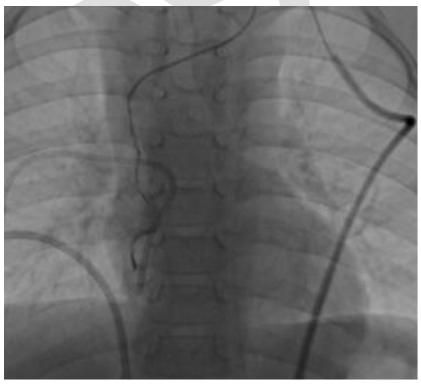

Image1:

Obstructed SVC

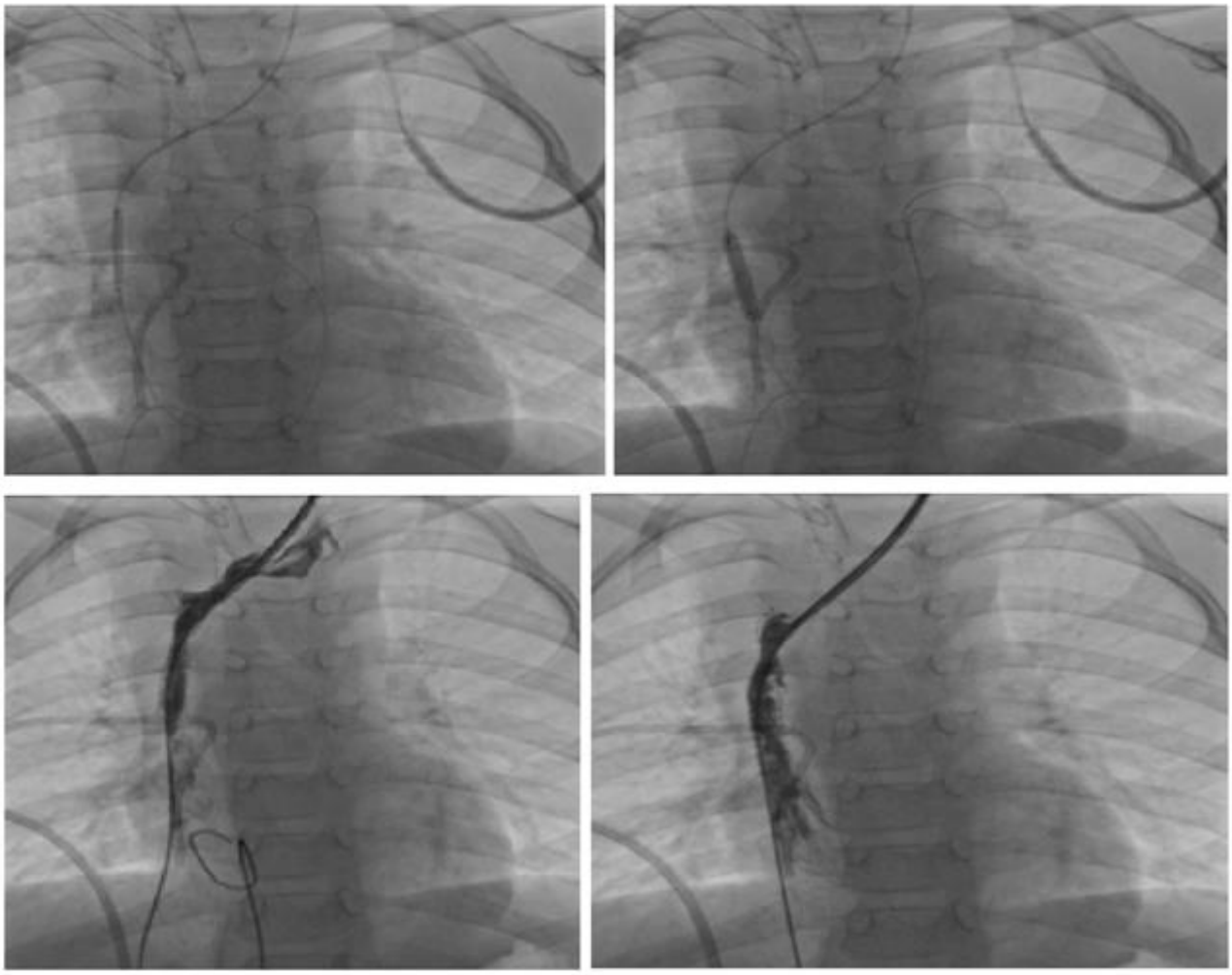

Image panel 2:

balloon from 2 to 8 mm was used. Kissing technique, stents Cook Formula 535 8.0x20.0

Intervention:

0.014 wire was put through broviac catheter to right atrium. Firstly, balloon 2, 4, 6, 8 mm was used. Then wire was changed on 0.035 and a stent Cook Formula 535 8.0x20.0 was inserted. Another stenosis was found close to atrium and one more stent was put there using kissing technique. Selective venogram confirmed well flowing. She was discharged on day 3 post-procedure with continued dual antiplatelets and fraxiparine. She is doing well at 1 month follow-up.

Learning points of the procedure:

Transcatheter stenting is a safe, effective and feasible option even for crucial stenosis SVC, in acute setting as well.