

THE SNUFF-BOX FISTULA SHOULD BE PREFERRED OVER THE WRIST ARTERIOVENOUS FISTULA



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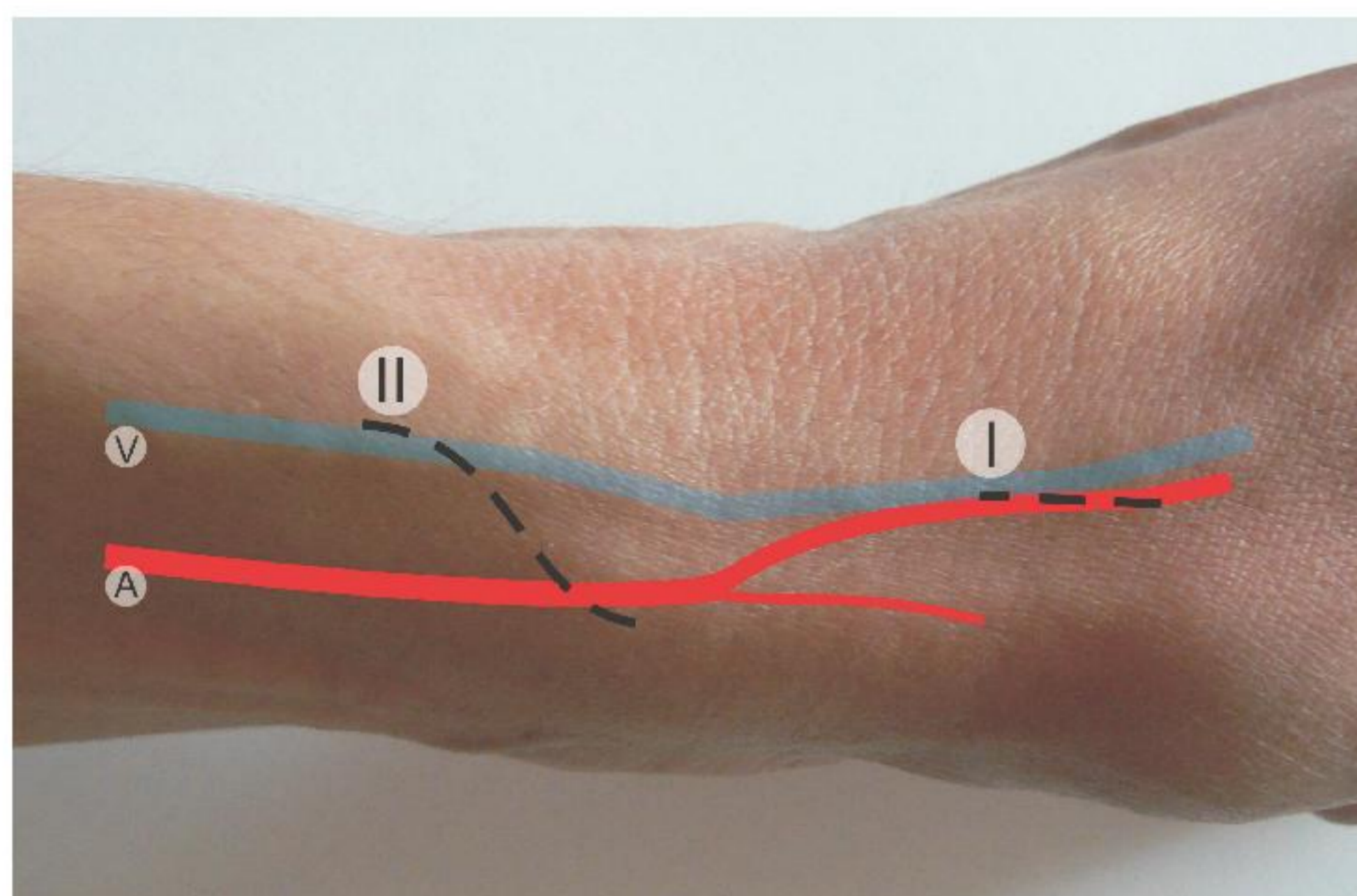
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INTRODUCTION AND AIMS:

Snuff-box arteriovenous fistula (AVF) is the most distal native vascular access. Although literature data show favourable outcome the snuff-box fistula is not strongly recommended by the guidelines. In the present study patency of snuff-box and wrist fistulas were compared.

METHODS:

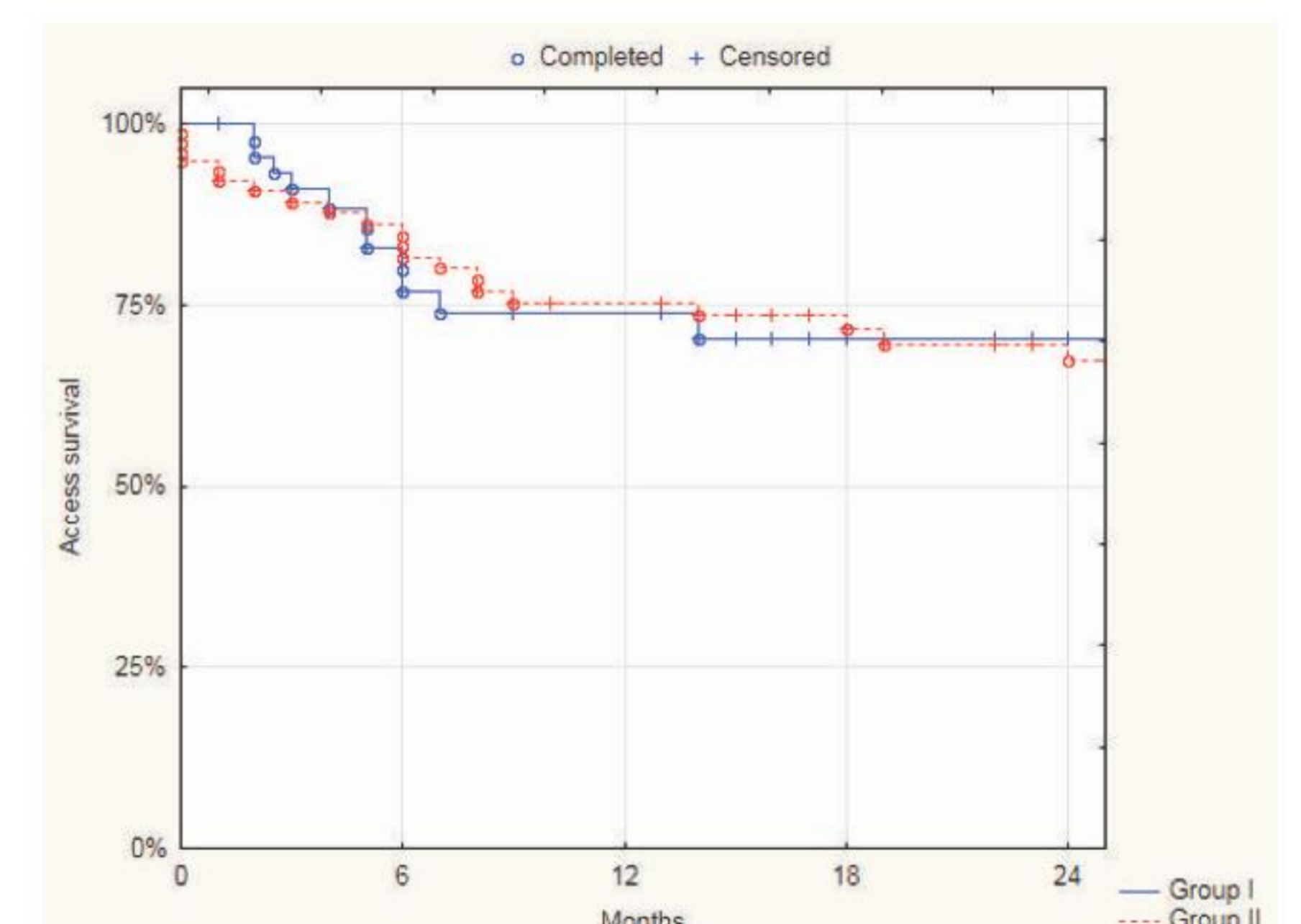
All 416 AVFs created by the same nephrologist from March 2006 to October 2014 were reviewed. From 416 procedures 47 snuff-box AVFs (Group I) and 77 wrist AVFs with vessels suitable for snuff-box AVF (Group II) were selected. Vascular access was created according to "as distal as possible" policy, but initially snuff-box AVF was attempted only if artery diameter exceeded 2 mm. In October 2012 less strict indications were implemented and snuff-box AVF was done when well palpable pulse was present. Patency of vein was confirmed by physical and ultrasound assessment. End of vein to side of artery was the preferred anastomosis type.



■ The radial artery (A) or its posterior branch is anastomosed with the cephalic vein (V) at snuff-box (I) or at wrist (II).



■ Snuff-box arteriovenous fistula.



■ Primary assisted patency of AVF created at snuff-box (Group I) or at wrist (Group II)

RESULTS:

There were 30 (63.8 %) men and 17 (36.2 %) women in Group I, in Group II 47 (61 %) men and 30 (39 %) women ($p=0.75$). Mean age was 54.5 ± 18.6 and 53.5 ± 19.6 years ($p=0.72$), respectively. Estimated primary assisted patency at 3, 6, 12 and 24 months were 93, 83, 74, 70 % in Group I and 90, 86, 75, 69 % in Group II ($p=0.97$).

CONCLUSIONS:

Outcome of snuff-box AVF is similar to wrist AVF. Creation of snuff-box AVF saves vessels at wrist for secondary procedures. If wrist AVF is initially performed possibility of snuff-box fistula creation is irreversibly lost. If vessels quality is appropriate the snuff-box fistula should always be attempted.



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