

LONG TERM OUTCOMES OF CENTRAL VENOUS OCCLUSIVE DISEASE RELATED TO HAEMODIALYSIS

Karthikeyan Damodharan, Sivanathan Chandramohan, Nandakumar Venkatanarasimha, Kiang Hiong Tay, Farah G. Irani, Apoorva Gogna, Ankur Patel, Chow Wei Too, Sum Leong, Thijs Urlings, Bien Soo Tan.

Singapore General hospital, Singapore.

OBJECTIVES

To evaluate the long term outcomes of regular surveillance venography with or without angioplasty in hemodialysis patients with central venous occlusive disease.

METHODS

A retrospective analysis of patients on hemodialysis presenting between January 2008 and December 2012 with central venous stenosis or occlusion, treated with angioplasty, was performed.

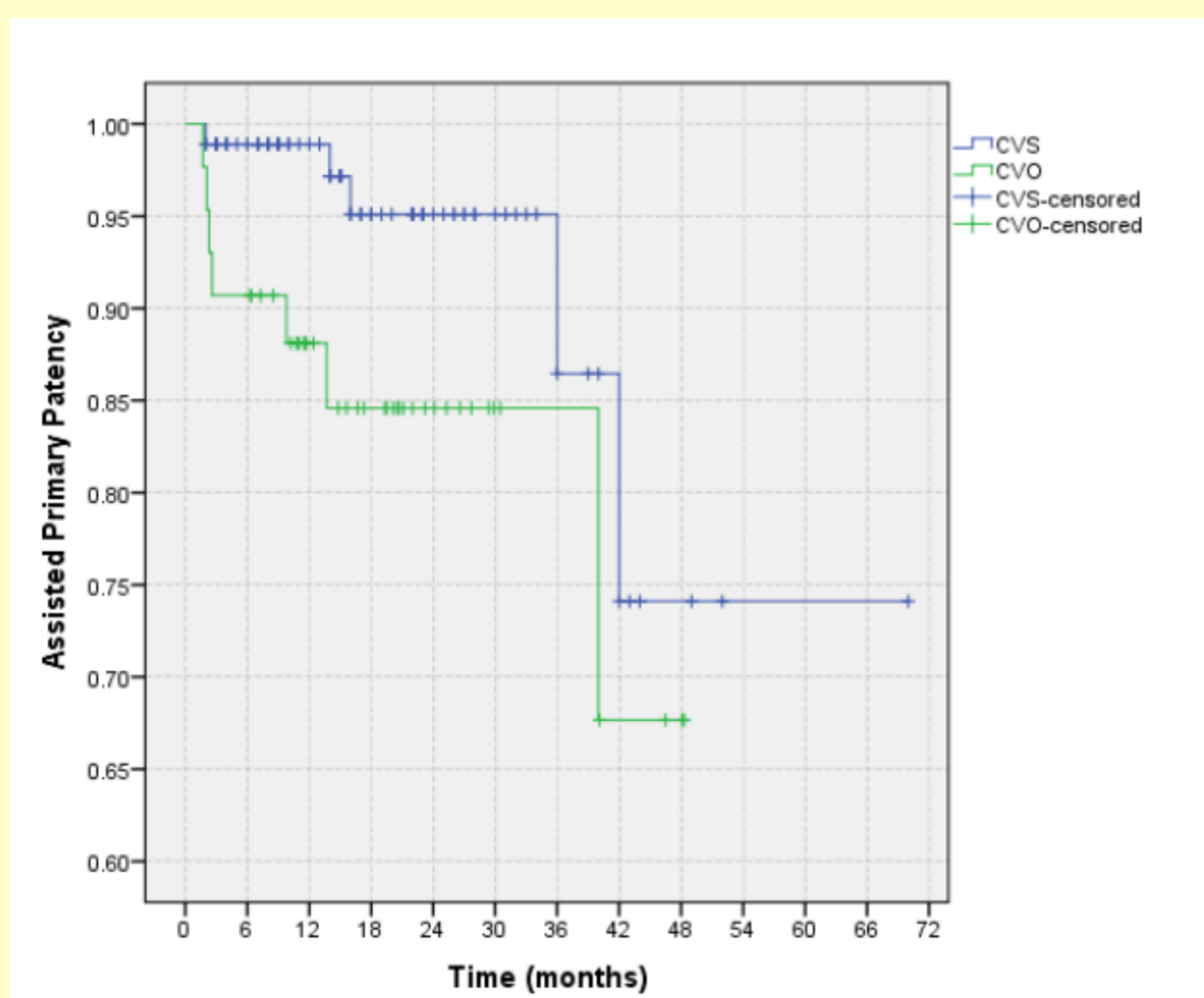
Data was collected from electronic medical records.

Procedural images were reviewed by 2 radiologists together in consensus. These patients had regular venograms within 6 months of initial angioplasty and were treated when a significant stenosis was demonstrated. Assisted primary patency was defined as the interval between the initial intervention and the date of permanent occlusion or stenting of the central vein lesion. 6 months of initial angioplasty and were treated when a significant stenosis was demonstrated. Assisted primary patency was defined as the interval between the initial intervention and the date of permanent occlusion or stenting of the central vein lesion.

Initial technical success and assisted primary patency of central vein

	CVO N=43	CVS N=91	P value
Technical/angiographic success [^]	40(62%)	106 (77%)	0.02
Patency rates			0.05
12 months	88	99	0.004
24 months	85	95	0.05

Assisted primary patency of central veins



RESULTS

A total of 129 patients (67 males, 62 females) were studied and followed till December 2013. Eighty-seven patients presented with central vein stenosis and 42 patients with occlusion. The mean follow up period was 21 months (range, 2 - 70 months) and 940 central venograms and/or angioplasties were performed. There were 20 minor complications (2%) and one major complication due to bleeding at the access site. The 30-day mortality was 1%, but all deaths were not directly procedural related. Technical success, defined as $\leq 30\%$ residual stenosis for the initial angioplasty, was 73%. However, the 6-month and one-year assisted primary patency rates were 96% and 95% respectively

CONCLUSIONS

A strategy of regular venography and/or angioplasty was effective in maintaining a higher rate of central vein patency compared with the current published literature.

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