Superior Vena Cava Syndrome in a Uremic Patient

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A 70-year-old man presented in a uremic state on maintenance hemodialysis for the past five years with repeated right subclavian hemodialysis catheter insertions. Six months prior to presentation, he developed progressive right upper limb and facial swelling after developing an arteriovenous fistula in his right upper arm. His exam was notable for an engorged subcutaneous vein of the abdomen (Picture 1, black arrows). Chest computed tomography (Picture 2) revealed an occlusion of the superior vena cava (SVC; white arrows) and abundant subcutaneous collaterals (white arrowheads).

Although malignancies are the main cause of SVC syndrome, thrombosis from intravascular catheters, as in the present case, is also a common cause (1). The typical manifestations of SVC syndrome include facial plethora and increased collateral veins covering the anterior chest and abdominal wall (2). SVC syndrome should therefore be kept in mind in uremic patients presenting with a history of repeated catheter insertions. In addition, engorged collaterals covering the chest and abdominal wall can also assist with the diagnosis.

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References

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