

4th Annual Scientific Meeting Malaysian Society Plastic and Reconstructive Surgery



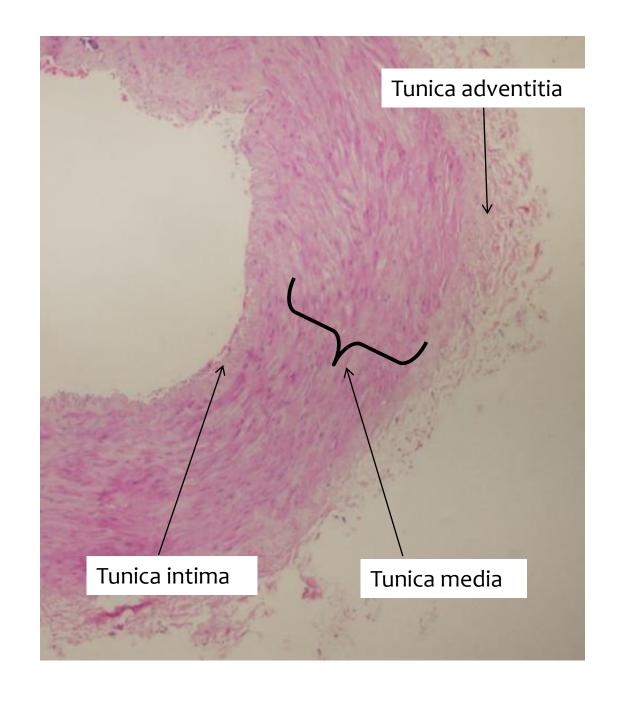
MICROCALCIFICATION IN TUNICA INTIMA AND MEDIA OF THE ARTERY, IS IT A THREAT TO ARTERIOVENOUS FISTULA SUCCESS?

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INTRODUCTION

- CKD patients are associated with microcalcification of the artery
- * Tunica intima microcalcification may lead to ischaemia-related occlusion
- * Tunica media microcalcification (Monckeberg's sclerosis) may lead to vessel stiffness
- * Success or failure of the fistula is related to:
 - * Patient's factor
 - Surgeon's factor



Objectives:

- * Success rate in a single center
- * To determine whether microcalcification in the tunica intima and / or media is associated with failure of the arteriovenous fistula
- * To identify factors related to non-maturing arteriovenous fistula

Hypothesis

* Microcalcification in tunica intima and media is associated with arteriovenous fistula failure

METHOD

- Observational prospective cohort study
- * Duration: 1st January 2016 -31st December 2016
- * Centre: Hospital Universiti Sains Malaysia
- * 138 participants was included in the study based on the inclusion and exclusion criteria as below:

Inclusion criteria:

- Patient age 18 years old and above
- * CKD stage IV-V
- * Ultrasonographical vein diameter of > 2 mm and arterial diameter of > 2 mm

Exclusion criteria:

* Prosthetic arteriovenous graft creation

Preoperative clinical assessment by a single surgeon

Specimen of 3-5mm diameter, circular shaped arterial wall (obtained from arteriotomy)



Arterial wall is being assessed by a single pathologist who is blinded to the clinical data

Stained with Von Kossa staining

Follow up of fistula at 6 weeks – Maturation of fistula is being assessed



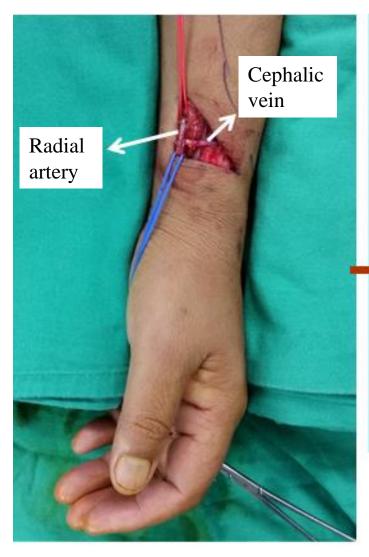


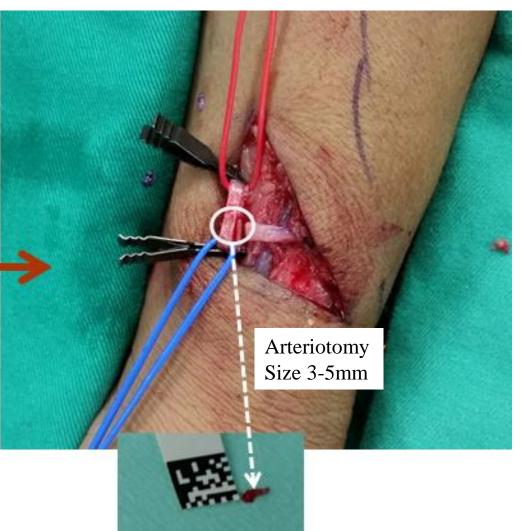
Matured fistula

Failed fistula

- Maturation: rule of 6's (National Kidney Foundation, 2006)
 - 6 mm diameter margins
 - 6 mm or less in depth
 - 6 cm straight segment for cannulation
 - 600 ml/min blood flow
 - Fistula to be assessed by post operative 6 weeks for maturation

* Statistical analysis was performed using Pearson chi square. P<0.05 was considered statistically significant





RESULTS

	Number	Percentage (%)
AVF creation		
Matured	110	79.7%
Failed	28	20.3%
Tunica intima microcalcification		
Present	42	30.4%
Absent	96	69.6%
Tunica media microcalcification		
Present	17	12.3%
Absent	121	87.7%

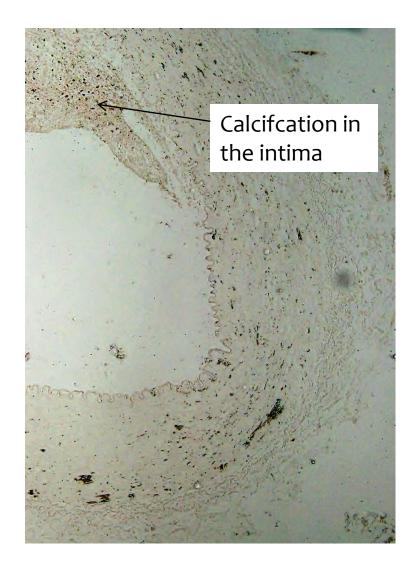
Demographic data

Mean age	57.09	57.09 <u>+</u> 11.71	
Gender			
Male	74	53.6%	
Female	64	46.4%	
Ethnics			
Malay	135	97.8%	
Chinese	3	2.2%	
Indian	0	0%	
Medical illness			
Diabetes mellitus	99	71.7%	
Hypertension	132	95.7%	
Coronary heart disease	29	21%	
Others	29	21%	
Chronic kidney disease			
Stage 4	26	18.8%	
Stage 5	112	81.2%	
Type of dialysis before surgery			
Peritoneal dialysis	17	12.3%	
Hemodialysis	95	68.8%	
None	26	18.8%	

	Arteriovenous fistula maturation			
	Matured AVF N(%)	Failed AVF N(%)	Chi-square (df)	<i>P</i> -value
Tunica intima calcification				
Present	35 (83.3)	7 (16.7)	0.49(1)	0.484
Absent	75 (78.1)	21 (21.9)		
Tunica media calcification				
Present Absent	16 (94.5) 94 (77.7)	1 (5.9) 27 (22.3)	2.48 (1)	0.115

Von Kossa staining





DISCUSSION

- * Calcification in the tunica intima and media is not statistically significant in affecting maturation of the fistula.
- * Possible association with other patient factors
- * Surgical skill, careful patient selection, and preoperative evaluation of vascular anatomy contribute to success of AVF maturation

Limitations

- * Vascular samples obtained might be too small to be representative of entire artery
- Non-randomised study
- Population is heterogenous with different fistula site creation and multiple co-morbid

CONCLUSION

* Microcalcification in the tunica intima and media of the artery does not affect the maturation of the AVF

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THANK YOU