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Fistula Salvage Open Thrombectomy in a Pediatric Patient

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Highlights

- Early arteriovenous fistula is advocated in children requiring hemodialysis.
- Lifelong usage requires long-term preservation of fistula.
- Thrombosis is the leading cause of arteriovenous fistula complication secondary to stenosis and can be addressed using and open thrombectomy.
- A case of successful fistula salvaging surgical intervention via open thrombectomy, resection of short stenotic segment, and veno-venous anastomosis procedure.
- An emphasis on salvaging to preserve precious vessels in children as opposed to creating a new one.

Abstract

Introduction: Children requiring hemodialysis are not uncommon, and early arteriovenous fistula (AVF) is advocated. Thrombosis is the leading cause of AVF complication secondary to stenosis and can be addressed using interventional intravascular thrombectomy or balloon angioplasty and open surgery.

Methods: This case report outlines the experience of a 12 year old patient with radiocephalic fistula with a primary patency duration of 1 year and later complicated with fistula thrombosis that subsequently underwent open thrombectomy, resection of short stenotic segment, and veno-venous anastomosis procedure.

Results: The fistula was successfully salvaged, and after 1 month, the patient was able to resume hemodialysis as normal.

Conclusion: Open thrombectomy and adjunctive procedure is useful as a fistula salvaging method and where the venous limb has already reached a good diameter where other alternative autogenous access is limited.

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