

4th WORLD KIDNEY CONGRESS

May 28-29, 2019 Istanbul, Turkey

Rupture pseudoaneurysms in chronic kidney disease patient related to dialysis access: A case report

Dewi Gathmyr

Dr Eshawan Antariksa Air Force Hospital, Indonesia

Introduction: The number of patients with end-stage renal disease have steadily increased and got some improvements in hemodialysis techniques which have led to extended life expectancy. Pseudoaneurysms incidents were documented to be 2% to 10% of dialysis access grafts. It caused 0.4-1.6% of deaths in US Haemodialysis (HD) patients. 52% were caused by access infection skin integrity of AVF/AVG. We have reported a case of aneurysms rupture in the AVF left arm, instead of using CDL in hemodialysis patients.

Case Report: A 42 years old man presented with swelling, pain and bleeding did not stop from the left arm cimino lump. Bleeding occurred because of an attached wound to the gauze that was installed to cover the abrasions on the lump. Haemodialysis has been used in cimino on the left arm for 8 years. However, cimino is not used anymore since we use lumps instead. HD access was used to the CDL tunnel on the right neck. It was a history of high blood pressure since 12 years ago and arrhythmia since 1 year ago, as well as fatigue and dyspnoe while conducting activities. In physical examination, a patient has an anemia; jugular venous pressure was increased, systolic murmur and cardiomegaly. There was a swelling 3×2 cm and skin ulcer in the left antebrachial region. A murmur was detected on auscultation. Doppler examination was revealed a feature in consistent with pseudoaneurysms. Patients were diagnosed as rupture pseudoaneurysms, chronic kidney disease stage-V on HD. Management, elective surgery was performed pro repair rupture pseudoaneurysms, Amlodipine, Valsartan, Clonidine, Bisoprolol, folic acid, B12, low salt diet 1700 kcal, protein 1.3 g/kg/d, HD two times a week, heparin to be canceled.

Discussion: Pseudoaneurysms incident was documented to be 2% to 10% of dialysis access graft. In this case, there was infection in the wound above psuedoaneurysm, co-morbid that cannot be excluded as a risk factor. Repeated puncture of the graft may results in pseudoaneurysms. Usage of large needles or poor and traumatic puncture techniques can cause the formation of pseudoaneurysms in the vascular graft. Diagnose of pseudoaneurysms was confirmed by Doppler examination for our patient. Progressive enlargement of pseudoaneurysms can interfere with needle cannulation or lead to secondary complications including breakdown of the overlying skin, spontaneous bleeding and rupture. Anti-coagulant is limited and elective surgery is performed. In conclusion, pseudoaneurysms are uncommon, recognizable and preventable case.

Biography

Dewi Gathmyr has completed her Post-graduation in Nephrology of Internal Medicine Department, University of Indonesia. She is the Head of The Internal Medicine Clinic Lakespra Saryanto Jakarta and also Commander of The Health Unit Air Force Headquarters Jakarta.