Abstract

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Hematemesis: a strange sign of Superior Vena Cava Syndrome

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Background

Superior Vena Cava Syndrome (Svcs) Is A Combination Of Signs And Symptoms Caused By A Reduction Of The Caliber Of Superior Vena Cava From An Occlusion Or An Obstruction. The Most Common Cause Of Svcs Is Malignancy [1]. Devices As Central Venous Catheters (Cvc), Especially Those Used For Hemodialysis, Can Cause Another Benign Form Of Svcs On The Rise In Recent Years [1].

Case History

67-Years-Old Male Patient, In Hemodialisysis For 3 Years Due To A Terminal Stage Chronic Kidney Disease Of Obscure Etiology, Referred To Our Department Of Emergency Medicine Complaining Episodes Of Hematemesis. In Anamnesis: Arterial Hypertension And Active Smoking. At The Time, The Vascular Access Used For Hemodialysis Was An Artero-Venous Fistula; Previously A Tunnelled Tesio Catheter Was Employed.

The Blood Tests Showed 7.2 G/Dl Of Hemoglobin. Two Units Of Packed Red Blood Cells Were Immediately Trasfused. The Patient, Then, Underwent An Esophago-Gastro-Duodenoscopy Which Highlighted The Presence Of Four Esophageal Varices With Signs Of Bleeding, Which Were Promptly Subjected To Ligation.

Subsequently, The Patient Was Transferred To Our General Medicine Unit. A Complete Physical Examination Draw The Attention To The Presence Of Multiple Chest And Abdomen Venous Circles And Of Large, Symmetrical, Swelling of The Head, Upper Extremities And Neck (Collar Of Stokes), With A Marked Morning Worsening And An Evening Improvement.

At A More In-Depth Evaluation Liver Function, Cholestatic And Cytolisis Enzymes Were Normal, The Liver Structure Was Coarse, The Portal Vein Was Normal With A Hepatopetal Flow, The Spleen Was Small In Size And No Ascites Was Reported. Futhermore, Platelets Count, Coagulation Test, Hepatotropic Viruses Serology Were All Normal.

A Contrast-Enhanced Computed Tomography (Ct) Highlighted A Complete Occlusion Of The Superior Vena Cava Close To The Right Atrium Outlet. This Occlusion Produced An Upstream Vein Ectasia And The Formation Of Collateral Circles, All Tributaries Of The Inferior Vena Cava With Azygos A Hemiazygos Vein Distension.

Given This Instrumental Evidence, We Could Diagnose A Svcs. The Patient Was Then Referred To Our Vascular Interventional Radiology Unit, Where He Was Subjected To A Cavography. The Inferior Cavography Confirmed The Occlusion And, Overcome The Same With A Catheter; A Dilatation Of The Stenosis Was Obtained Through Balloons. No Stents Were Placed.

The Following Day, The Upper Extremities Swelling Resulted Reduced, The Evidence Of Venous Circles Of Chest And Abdomen Had Faded.

After Seven Days Of Observation, A New Ct Was Performed To Assess Possible New Cava Size Reduction. The Caliber Remained Stable And The Patient Could, Therefore, Be Discharged.

Discussion

The Benign Svcs Incidence Is Increasing In Recent Years Due To A Rising Use Of Devices [1]. Recent Studies On Svcs In Hemodialysis Patients With A Tunneled Catheter Reported A Remarkably High Occurrence. Although Often Asymptomatic, Svcs Should Be Recognized During Clinical Practice And The Presence Of A Device Should Be Considered As A Red Flag. Moreover, This Case Report Shows That, Even If In Rare Cases, Svcs May Present With A Life-Threatening Medical Emergency.

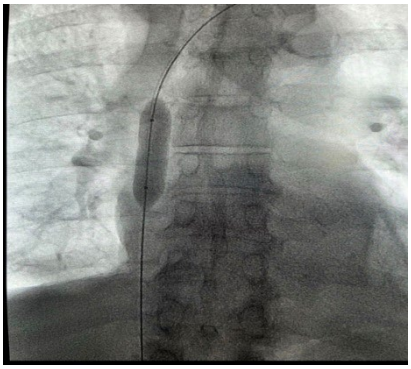

Figure 1. Venous Angioplasty of Superior Vena Cava

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