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Case history

- 47 yr female ESRF [Diabetic nephropathy + stone disease]
- Haemodialysis 5 yr
- Underlying disseminated vascular disease
  – Significant systemic clinical events
- Chequered h/o vascular access
- Current access- Brachial-cephalic AVF [15 months old], nil alternative sites available
5 MONTHS – Long stenosis proximal to Juxta-anastomotic area

RIGHT ARM
AV FISTULA
PRE ANGIOPLASTY
Successful PTA [6X4 AND 8X4 CONQUEST BALLOON]
2 MONTHS LATER - RECURRENCE
2ND INTERVENTION [6x4 POWERFLEX, 8x4 CONQUEST PTA]

RIGHT ARM
6MM X 40MM BALLOON
3 WEEKS LATER-
RAPIDLY ENLARGING ANEURYSM
How should this be managed?

1. Surgical ligation- sacrifices the site
2. Surgical ligation- bridge graft brachial – proximal cephalic
3. Endovascular approach
4. Other
1ST COVERED STENT [ FLUENCY 12X6, BARD]
ACERTAIN DISTAL ARTERIAL FLOW
2ND COVERED STENT TELESCOPED [FLUENCY 12X6 BARD]
POST PROCEDURE DSA
CTA-- 2 WEEKS LATER
FOLLOW-UP

- Aneurysm regressed completely
- No symptoms or signs of steal syndrome
- Uninterrupted, uneventful, adequate dialysis
- Fistula cannulated away from covered stents
- 6 months later died as a result of acute coronary event and VF arrest