

Migrated Basilic Vein Stents

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An arteriovenous fistula is the preferred vascular access for hemodialysis. Secondary thrombosis secondary to a venous stenosis is the most common complication seen with AV fistulas, and currently, percutaneous endovascular intervention (balloon angioplasty and stenting) is considered the treatment of choice for venous stenosis. Despite being less invasive than surgery, these interventions present a unique subset of potential complications with limited evidence available on optimal treatment.

We report a case of migrated basilic vein stents in a seventeen-year-old male undergoing hemodialysis through a brachiobasilic AV fistula. The complication was treated by fixing the stents to the venous wall using non-absorbable sutures. The objective was to prevent further stent migration towards the heart and thus, steer away from a probable catastrophic event.