

A rare late complication of a hemodialysis catheter, eleven years after its removal

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A 66 year-old woman with a past history of chronic kidney disease of indeterminate aetiology initiated haemodialysis in July 2008 through a long-term central venous catheter (CVC) in the right internal jugular vein. This catheter was maintained for 10 months until she underwent renal transplantation in May 2009. The patient remained stable on triple immunosuppressive therapy without significant complications, particularly infectious ones. In June 2020, due to progressive graft dysfunction, she underwent arteriovenous fistula creation and restarted haemodialysis. In the first month after resuming haemodialysis, she presented with asthenia, anorexia, weight loss, intermittent fever, elevated inflammatory markers, and refractory anaemia. Transthoracic echocardiography revealed a mass in the right atrium, which, on transoesophageal echocardiography, was identified as a tubular structure consistent with a tip of a CVC (fig. 1), with no vegetations but showing signs of superimposed infection. She underwent six weeks of antibiotic therapy with significant clinical and analytical improvement. In a multidisciplinary discussion with cardiac surgery team, considering the favourable response, absence of superior vena cava stigmata, and disease evolution time, the decision was made to maintain clinical surveillance and postpone potential cardiac surgery.

We describe a rare complication related to a CVC, which presented late in a patient who had resumed dialysis through arteriovenous fistula. Contemporary CVCs carry a lower risk of rupture, but it is imperative to remain vigilant for potential

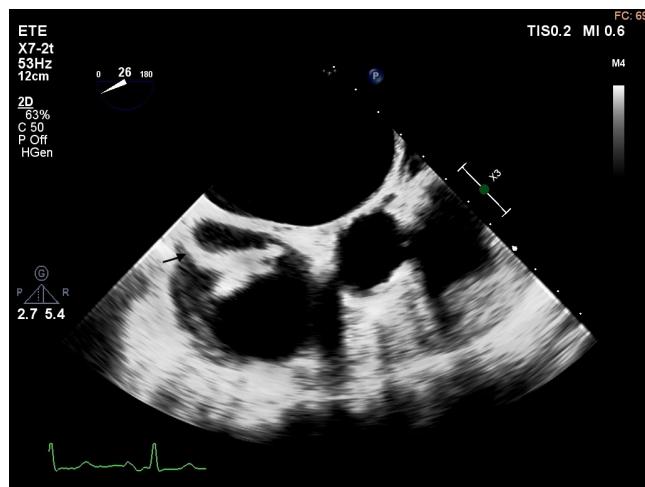


Figure 1. Calcified tip of a central venous catheter adhering to the right atrium and superior vena cava entrance, in a transoesophageal echocardiogram.

complications during CVC removal and consider autologous access whenever possible.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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