INTRACARDIAC MIGRATION OF A STENT IMPLANTED IN THE SUPERIOR VENA CAVA

Presentation of a severe complication after endovascular treatment of superior vena cava syndrome.

Coraizaca N, Fernández Noya J, Martínez M.
Hospital Clínico Universitario Santiago de Compostela. SPAIN.
Disclosure

Speaker name:

...Nancy M. Coraizaca ...........................................

☐ I have the following potential conflicts of interest to report:
  ☐ Consulting
  ☐ Employment in industry
  ☐ Stockholder of a healthcare company
  ☐ Owner of a healthcare company
  ☐ Other(s)

☒ I do not have any potential conflict of interest
OBJETIVE

to comment on this case because it is a rare complication and can be life threatening.
CLINICAL CASE

- 64 years old male.
- Smoker
- Hemodialysis since 2014
- Arterial hypertension

SUPERIOR VENA CAVA SYNDROME
INTRACARDIAC MIGRATION OF A STENT IMPLANTED IN THE SUPERIOR VENA CAVA

TREATMENT OF SUPERIOR VENA CAVA SYMDROME

Cephalic and femoral vein access
INTRACARDIAC MIGRATION OF A STENT IMPLANTED IN THE SUPERIOR VENA CAVA

TREATMENT OF SUPERIOR VENA CAVA SYNDROME
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TREATMENT OF SUPERIOR VENA CAVA SYMDROME

Predilation
Self-expandable stent (24x43 mm)
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TREATMENT OF SUPERIOR VENA CAVA SYNDROME

Self-expandable stent (26x60mm)
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TREATMENT OF SUPERIOR VENA CAVA SYMPTOMS
Intracardiac migration of a stent implanted in the superior vena cava

WHERE IS THE FIRST STENT?

4 months after surgery

Second stent
The stent crosses the tricuspid valve and causes severe tricuspid insufficiency.
Intracardiac migration of a stent implanted in the superior vena cava

DIAGNOSTIC CORONARY ANGIOGRAPHY

Coronary atheromatosis without significant stenosis
Severe stenosis in SVC
Migration of stent in right atrium
Intracardiac migration of a stent implanted in the superior vena cava

WE HAVE A BIG BIG PROBLEM !!!!!

TREATMENT ???
Intracardiac migration of a stent implanted in the superior vena cava

TREATMENT

A surgical explant of stent plus annuloplasty of the tricuspid valve (disruption of anterior leaflets.)

NO treatment of SVC stenosis: significant blood flow from SVC
Intracardiac migration of a stent implanted in the superior vena cava

EVOLUTION

**TTE:** mild tricuspid insufficiency, right ventricle not dilated

**Hospital discharge:** 13 days after of the surgery

No postoperative complications
Intracardiac migration of a stent implanted in the superior vena cava

FOLLOW-UP

5 MONTHS LATER

SVC syndrome remains compensated with permeability of one of the stents

No complementary endovascular treatment in stenosis of SVC

RIGHT humerus-cephalic fistula is functional
CONCLUSIONS

• The endovascular treatment of SVC syndrome is the first option

• To identify technical issues can prevent future complications

• Intracardiac migration of the stent is one of the catastrophic complication and it can be life threatening
THANK YOU
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