Bilateral breast enlargement: an unusual presentation of SVC obstruction in a hemodialysis patient with fibrosing mediastinitis

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Disclosure

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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
Case Presentation

• 67 years female with end-stage renal disease
• C.C: bilateral breast enlargement without face/ arm edema
• Right brachio-basilic fistula for 2 years
• Past Hx: DM
  hypertension
  mediastinal fibrosis d/t tuberculosis
  no family history of breast cancer
Case Presentation

- **Echocardiography**: concentric LVH with relaxation abnormality
- **ECG**: nonspecific
- **Thoracentesis**: transudate
- No checked access blood flow/ cardiac output
Case Presentation: breast US
Discussion

• Central vein occlusion associated with a access fistula: massive swelling and pain of the extremity and face

• Breast edema has been only rarely reported in relation to dialysis vascular access, usually in association with central vein stenosis
Discussion

• **Mechanism of breast enlargement:**
  . retrograde filling of the internal thoracic vein secondary to the high venous pressure related to the fistula.

→ prevents venous return from the internal thoracic vein into the subclavian vein.
Conclusion

• To resolve breast enlargement:
  . ligation of the fistula
  . balloon angioplasty with stent
  . surgical procedure

• In summary, SVC obstruction may rarely induce bilateral breast enlargement in hemodialysis AV access patients and may be treated with a percutaneous procedure.
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