

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

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Disclosure

Speaker name: dong erk goo

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

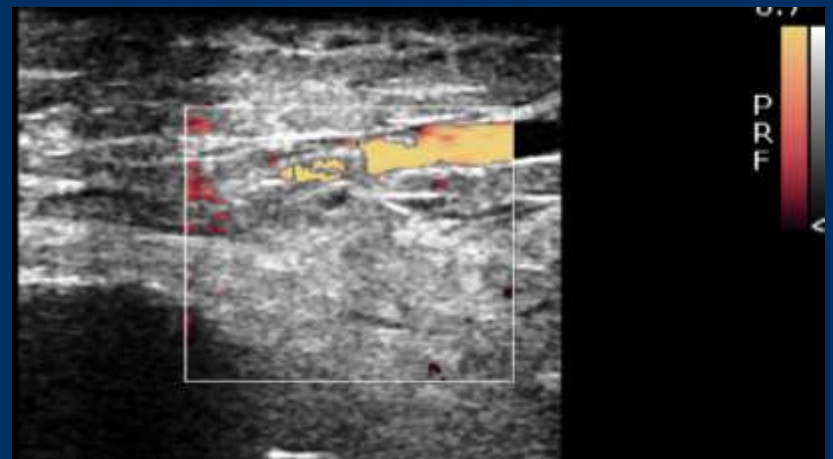
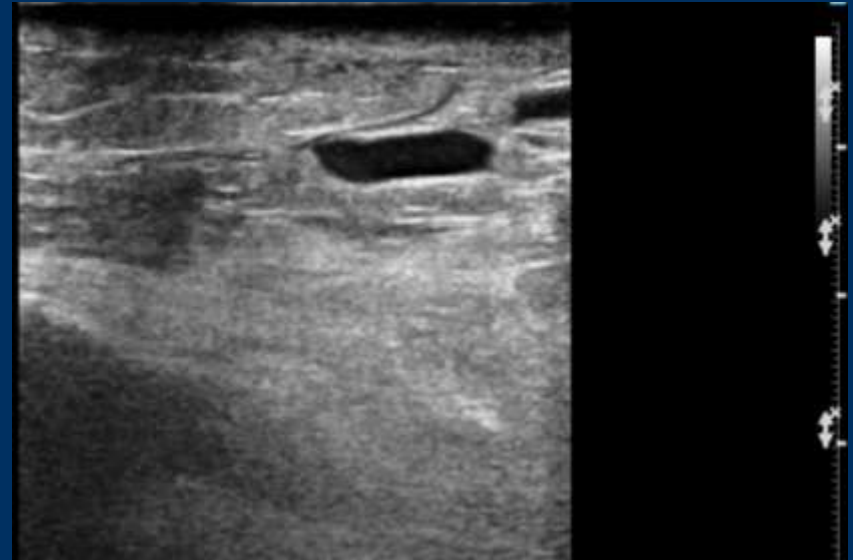
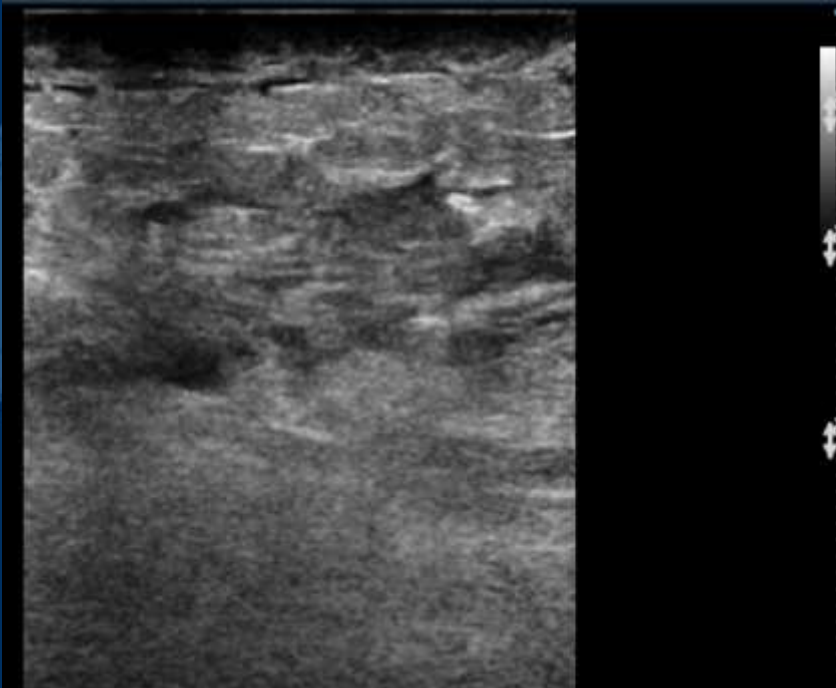
Case Presentation

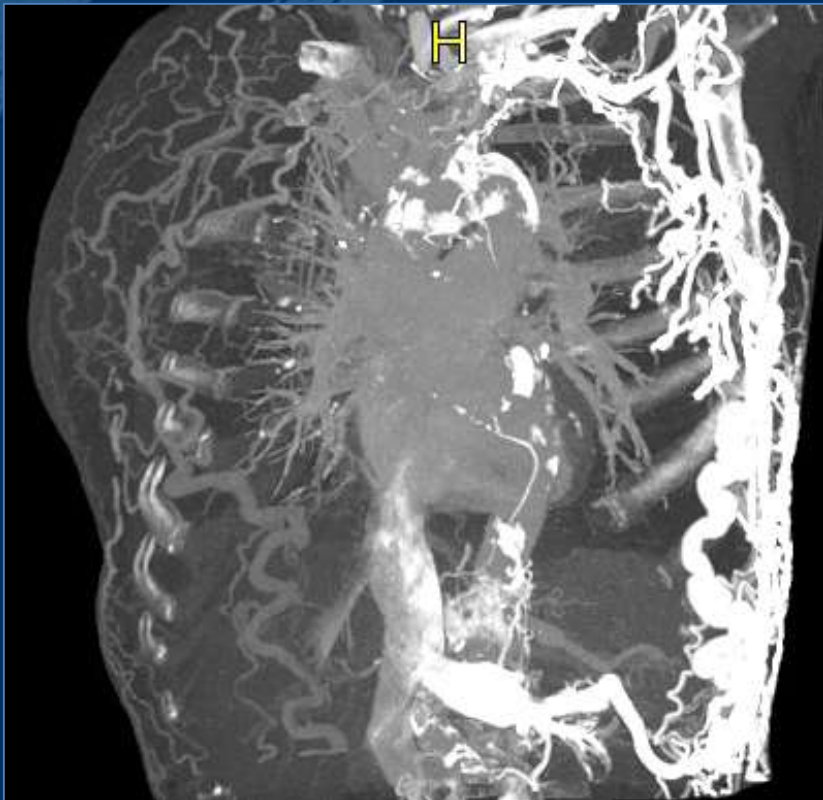
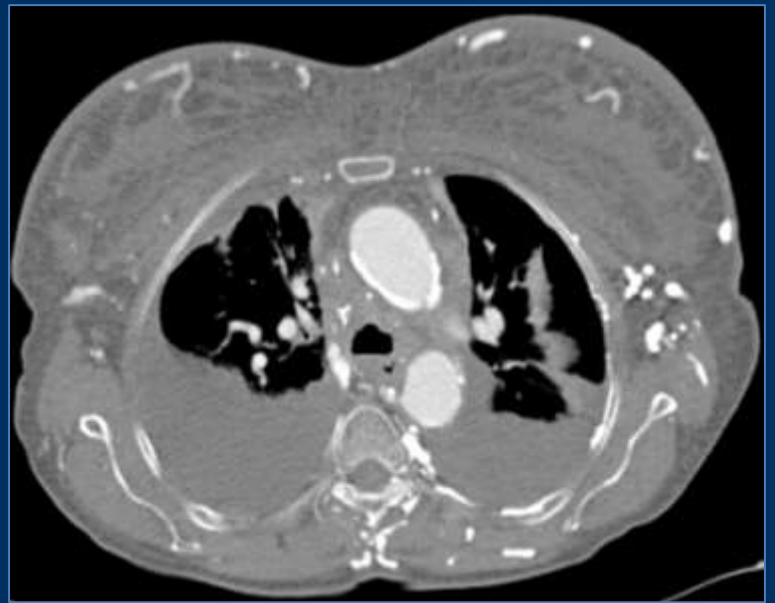
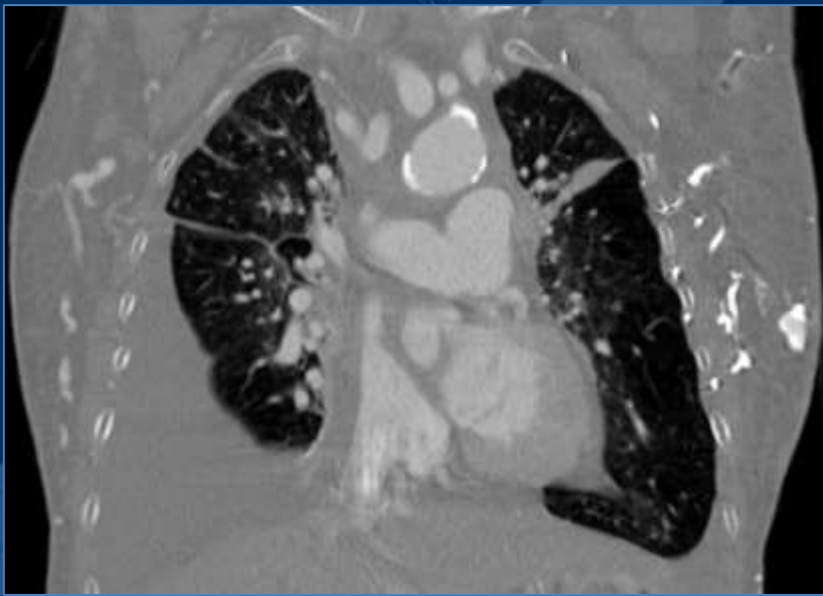
- **Echocardiography :**
concentric LVH with
relaxation abnormality
- **ECG :** nonspecific
- **Thoracentesis :** transudate
- No checked access blood
flow/ cardiac output

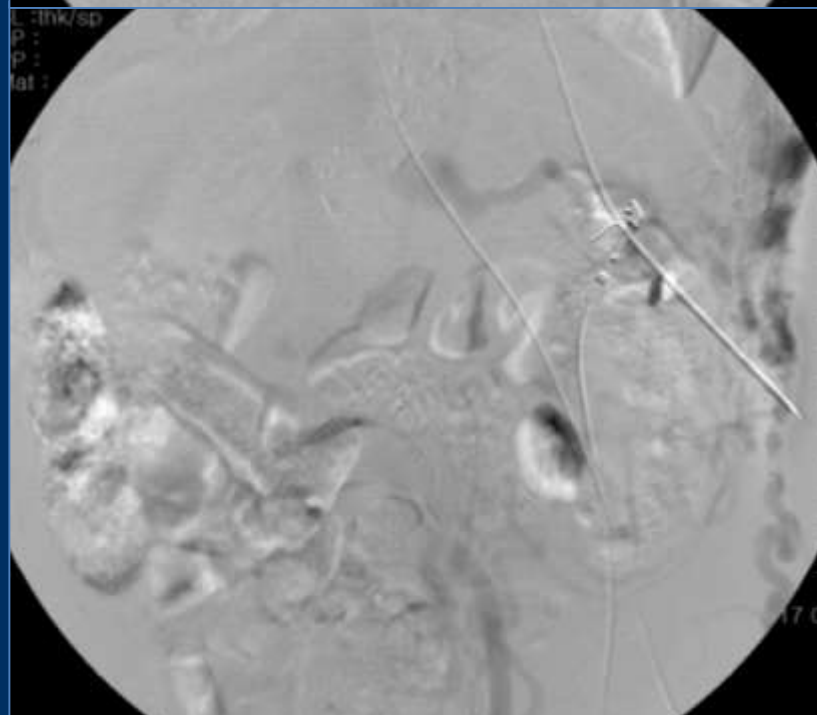
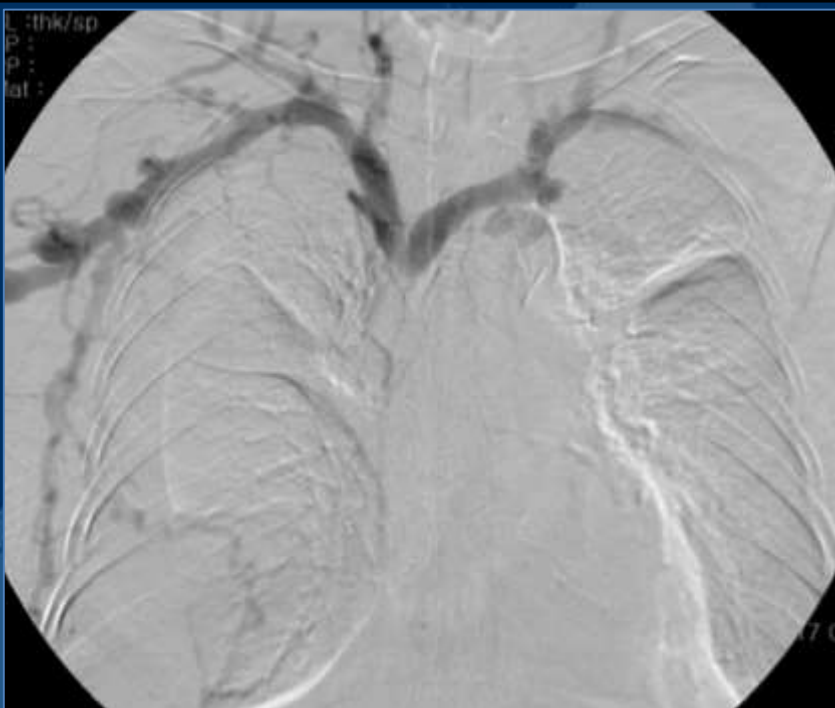




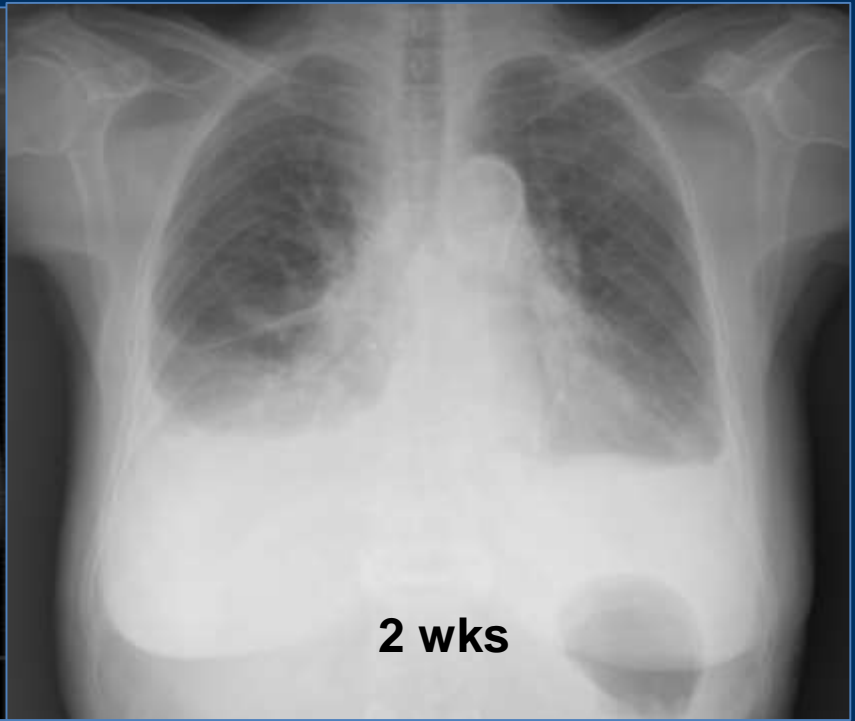
Case Presentation : breast US



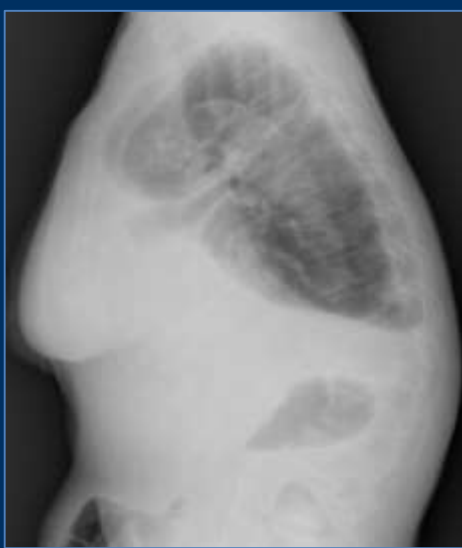
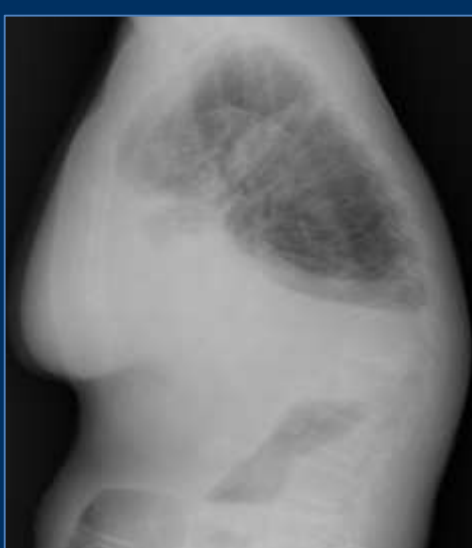
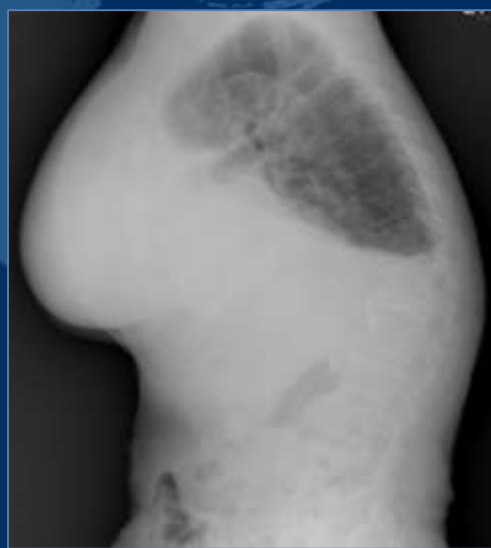




12mm balloon PTA, 12X40mm stent



2 wks



2wks

1 month

6 months

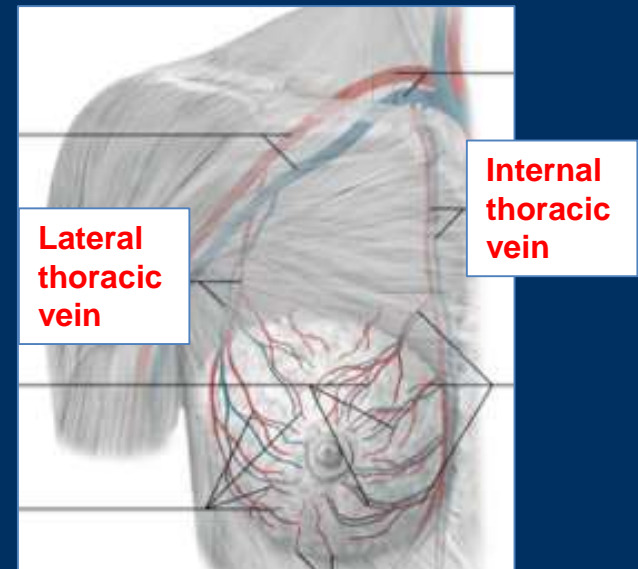
Discussion

- 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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