

Clinical case – Stent graft for BA to AXV graft

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Stent graft for Brachial artery to Axillary vein graft

Male 57 years old

Hemodialysis since 2020 due to abdominal sepsis and Vancomicine use

Interventions

Brachial artery to axillary vein graft in 2021

Plain balloon angioplasty in venous anastomosis 2023

Stent graft in venous anastomosis in 2025

He is asymptomatic

The brachial-axillary graft



There was a good thrill.

The patient was dialyzed earlier on the same day and the access points are visible.

Prior to interventions the patient had pulsatile flow with barely palpable thrill.

Flow volume measurement

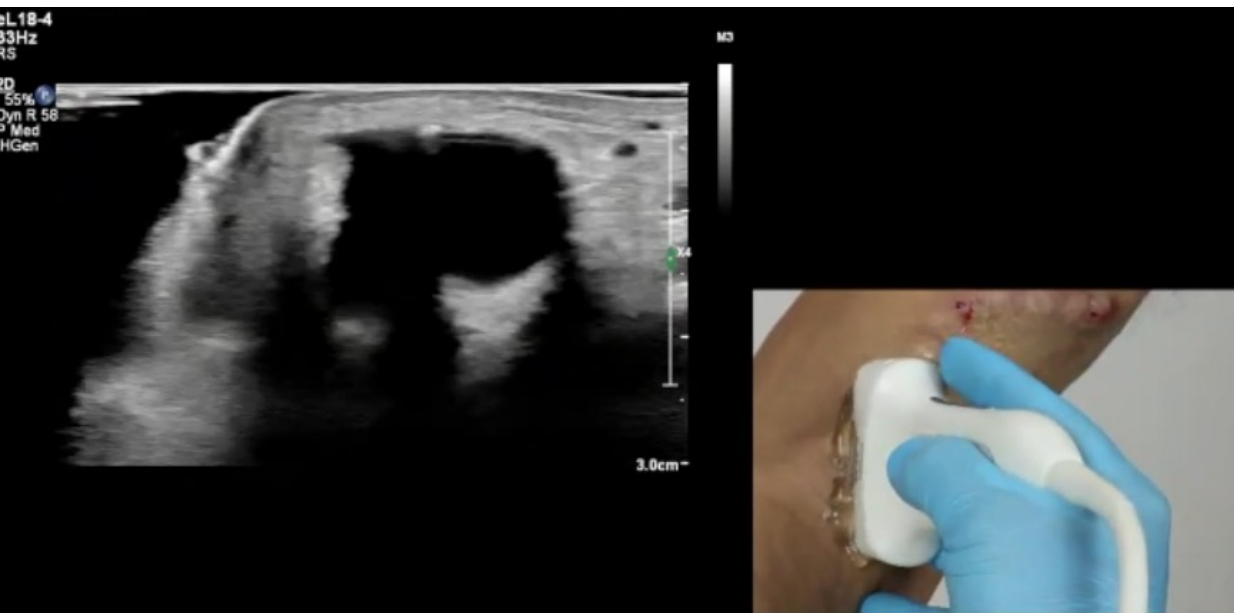


The brachial artery proximal to anastomosis measured 9mm. It was enlarged due to flow-mediated dilatation.

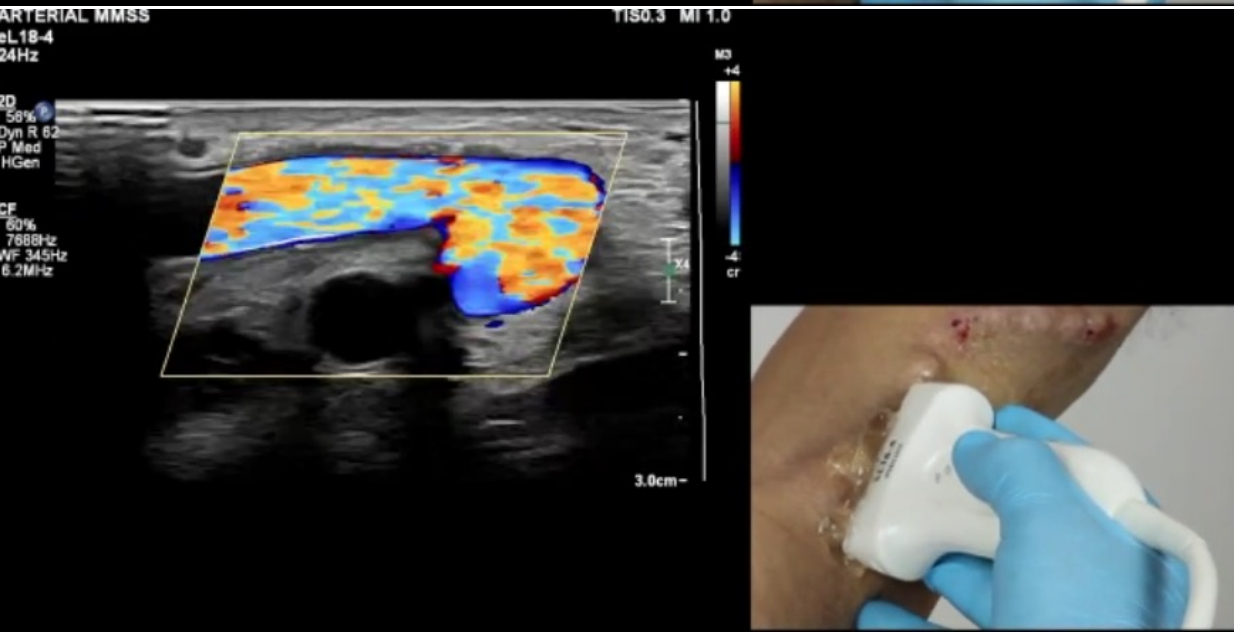
Flow volume is measured in the inflow artery (here is the brachial) at least 3cm above the anastomosis.

The volume flow was **1212ml/min**. The flow volume increased significantly after the interventions.

Brachial artery to graft anastomosis



The anastomosis was imaged with a high resolution 18MHz transducer showing no abnormality on the B-mode.



On color mode the anastomosis fills well wall to wall with no apparent defects. No color change was noted. All these indicate a patent anastomosis without stenosis.

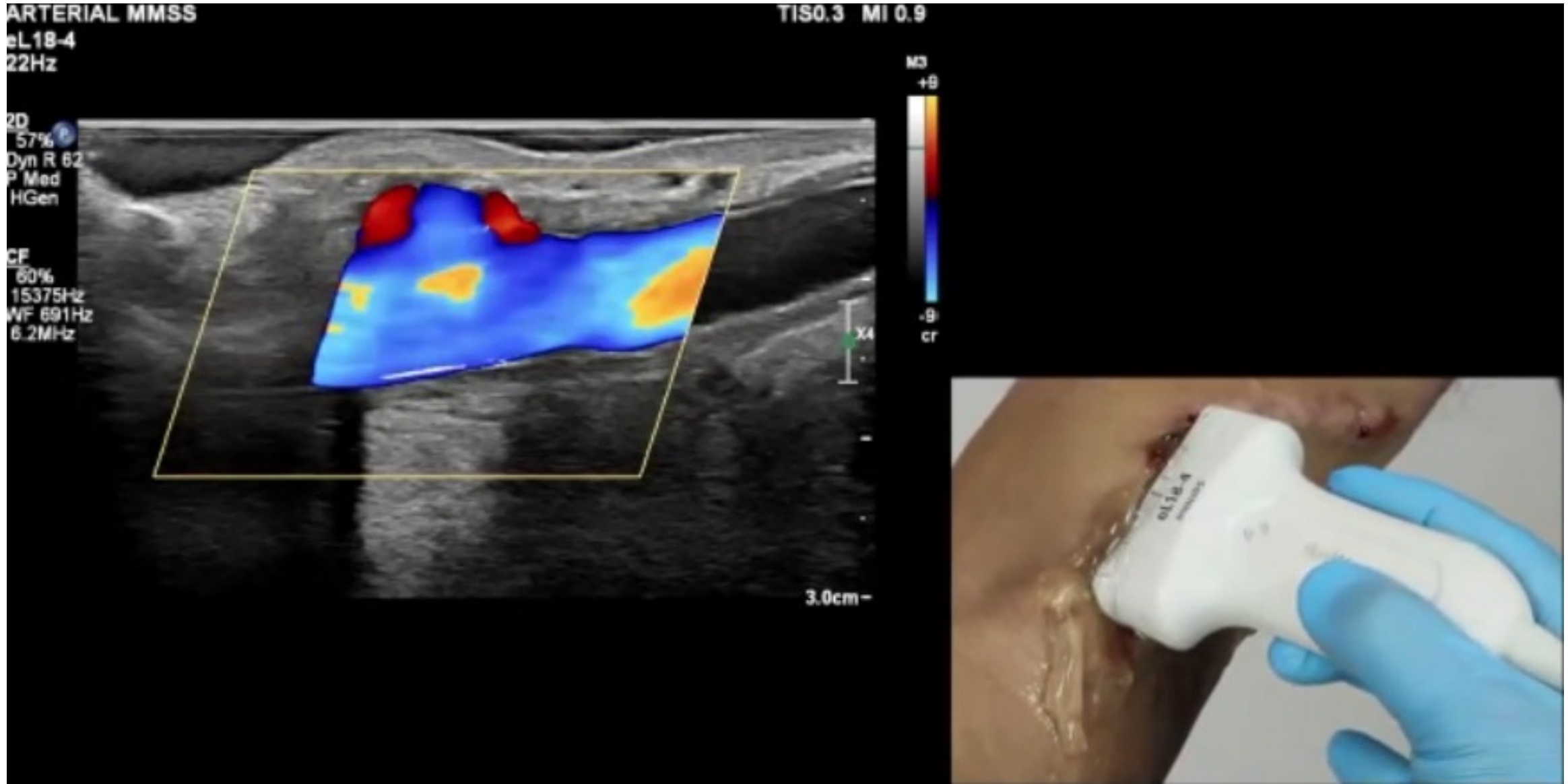
Evaluation of graft

The near wall of the PTFE graft has multiple defects from the previous punctures.



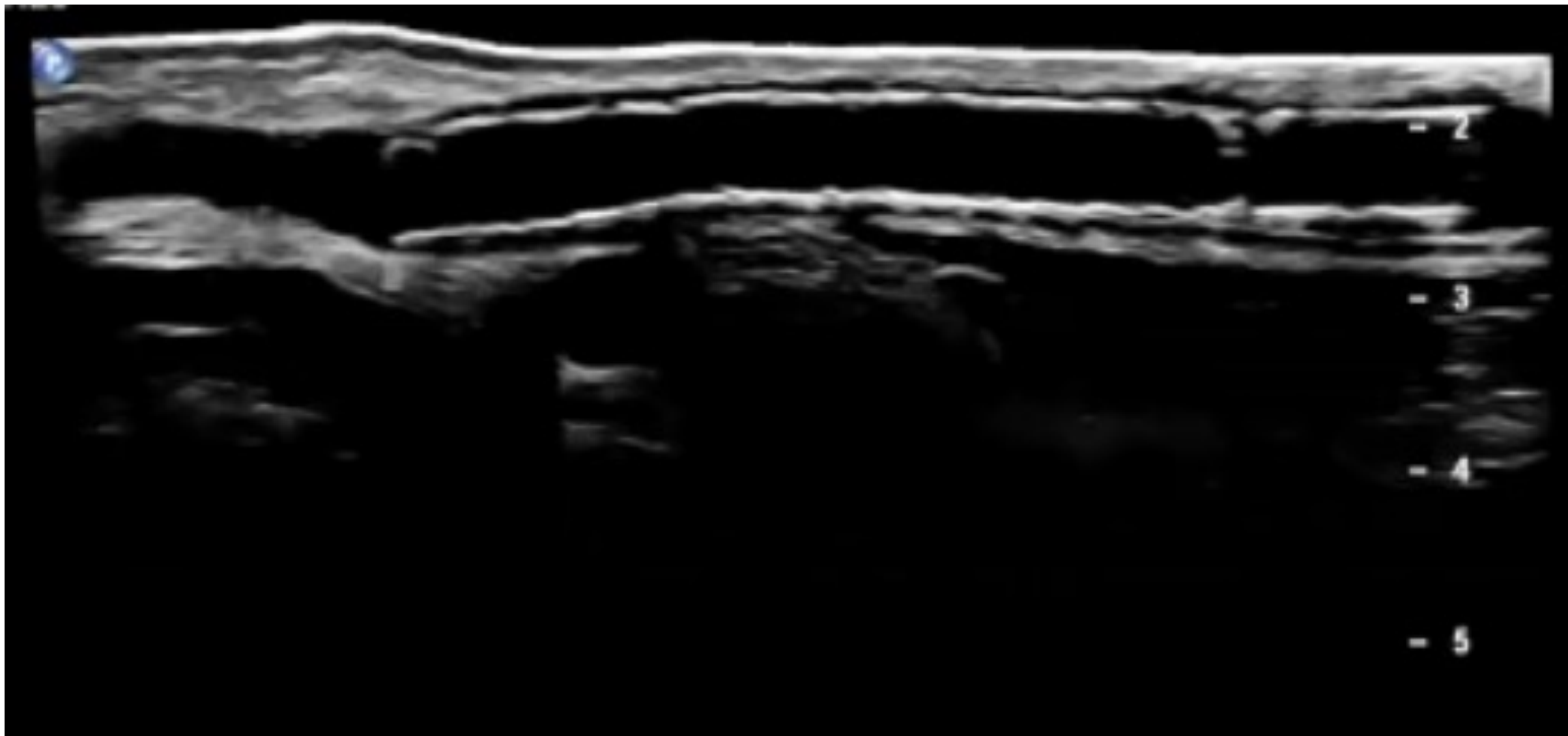
Evaluation of graft

Using the color mode a small pseudoaneurysm is seen at the near wall. The skin above it is healthy with 5mm distance from the pseudoaneurysm.

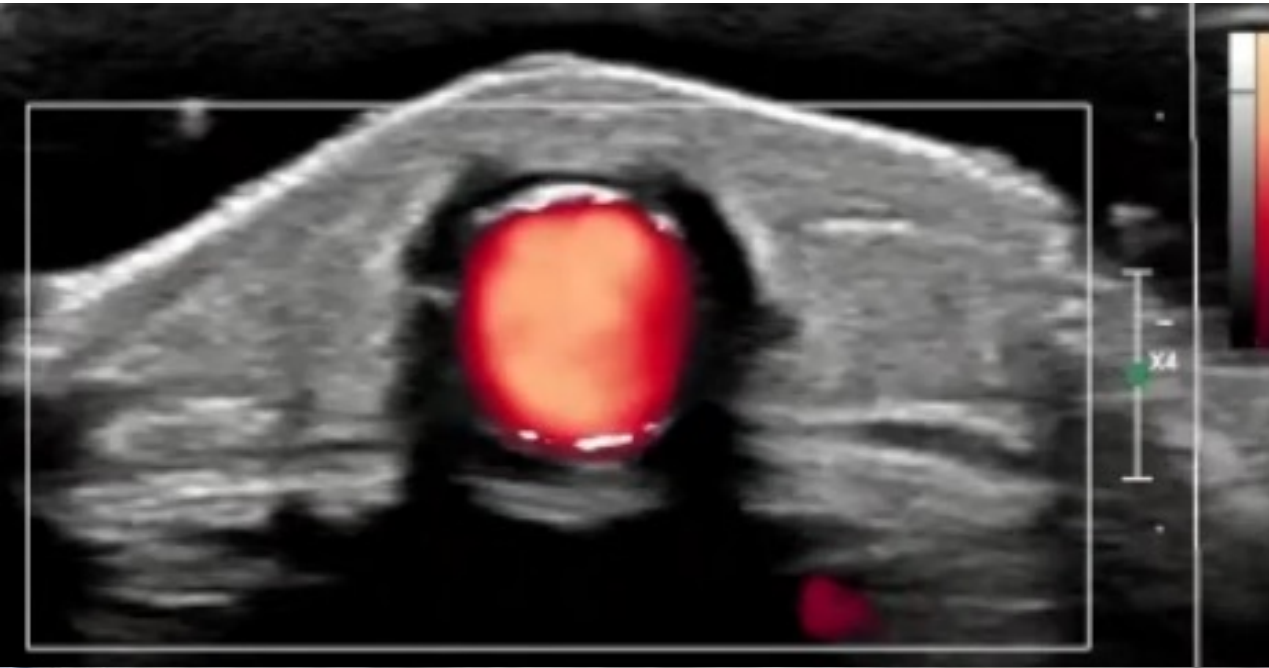


Imaging of the stent graft

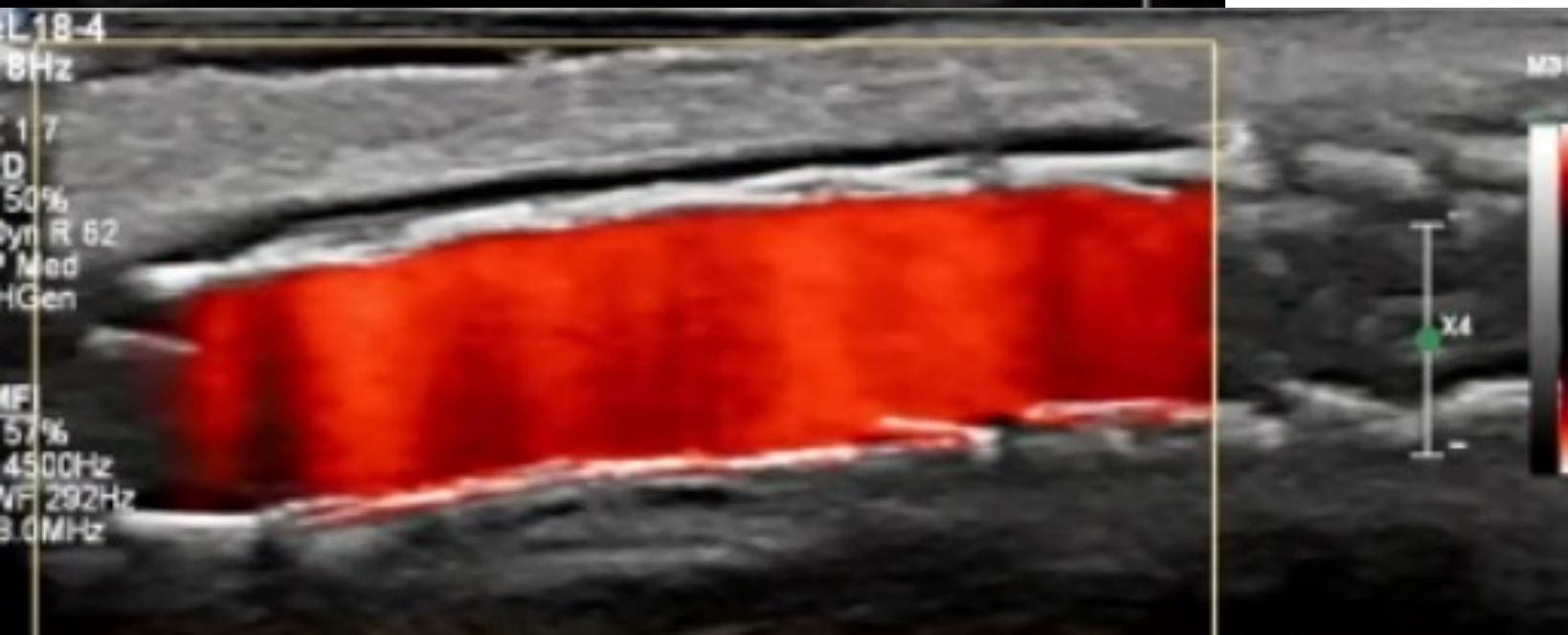
The stent graft is patent without any abnormalities.
There is a good wall apposition throughout its length.



Imaging of the stent graft



Using the power Doppler the graft is filling wall to wall indicating absence of stenosis.



How should this patient be followed up?

How should a significant stenosis be addressed in the stent graft, or the body of the graft?

If the pseudoaneurysm increases in size and has a skin compromise how should it be treated?

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