My Best/Worst case ever…

…or one of the most instructive cases you'll see

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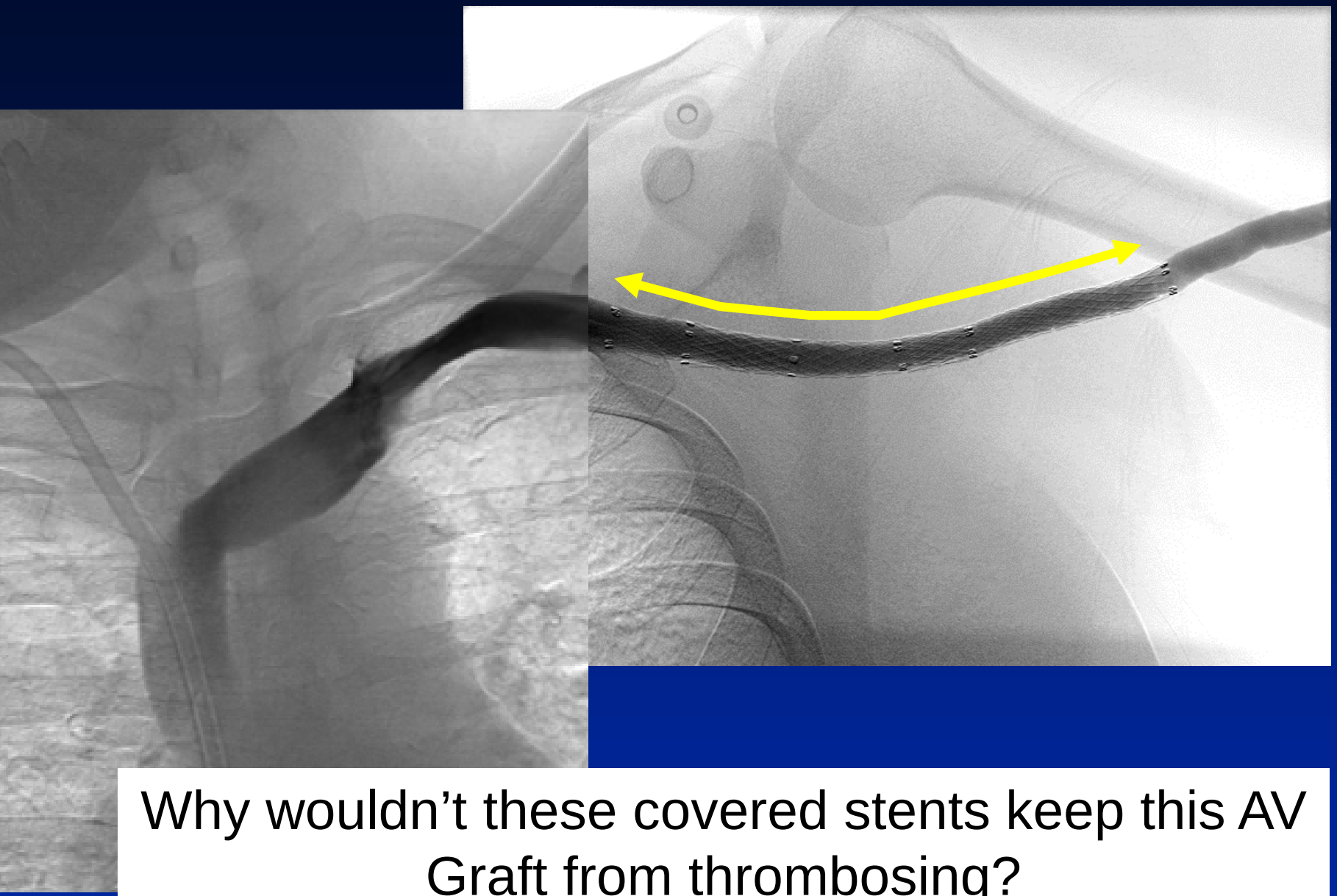
Consulting and Advisory

- Bard/BD
- Merit Medical Systems Inc
- TVA Medical Inc
- Bluegrass Vascular Tech Inc
- Symic Inc

Ownership/Equity

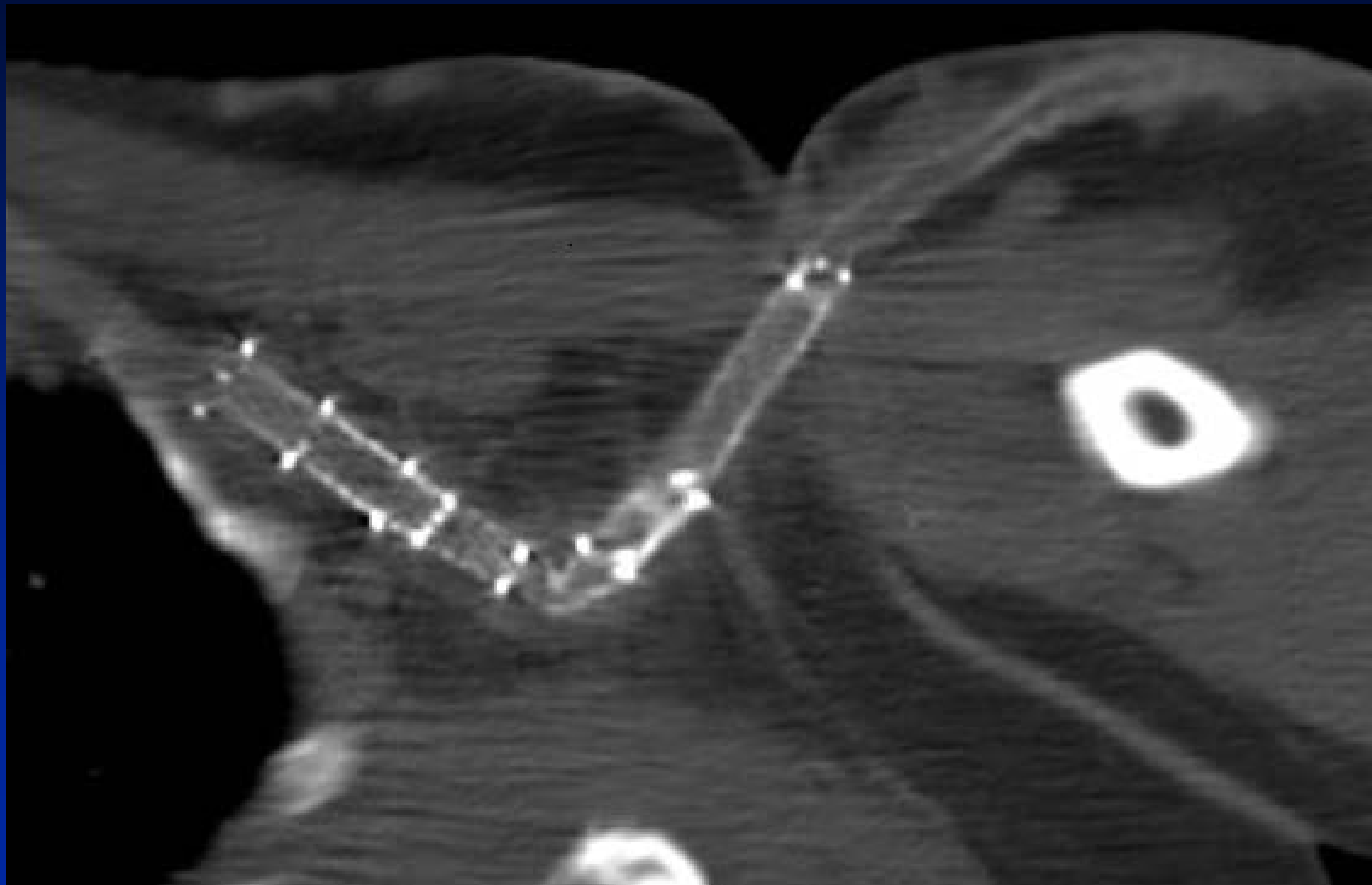
- Merit Medical Systems Inc
- Black Swan Vascular Inc
- TVA
- Symic Inc

48 yo woman with ESRD and recurrent thrombosis of her left upper arm AV graft despite successful declotting and venous anastomotic stent-grafts.



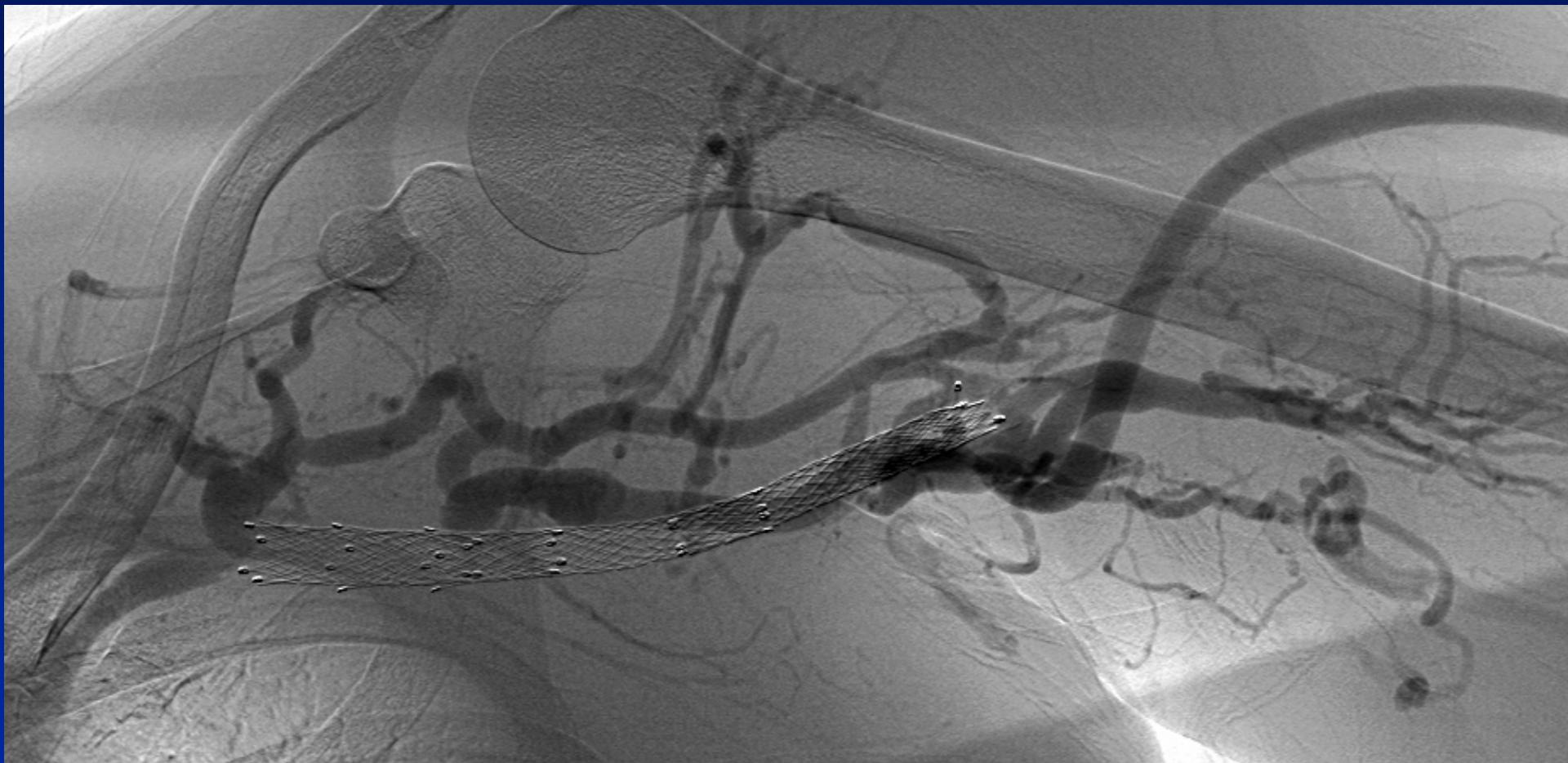
Why wouldn’t these covered stents keep this AV Graft from thrombosing?

1. The static anatomy you see in 2D may not reflect dynamic 3D anatomy

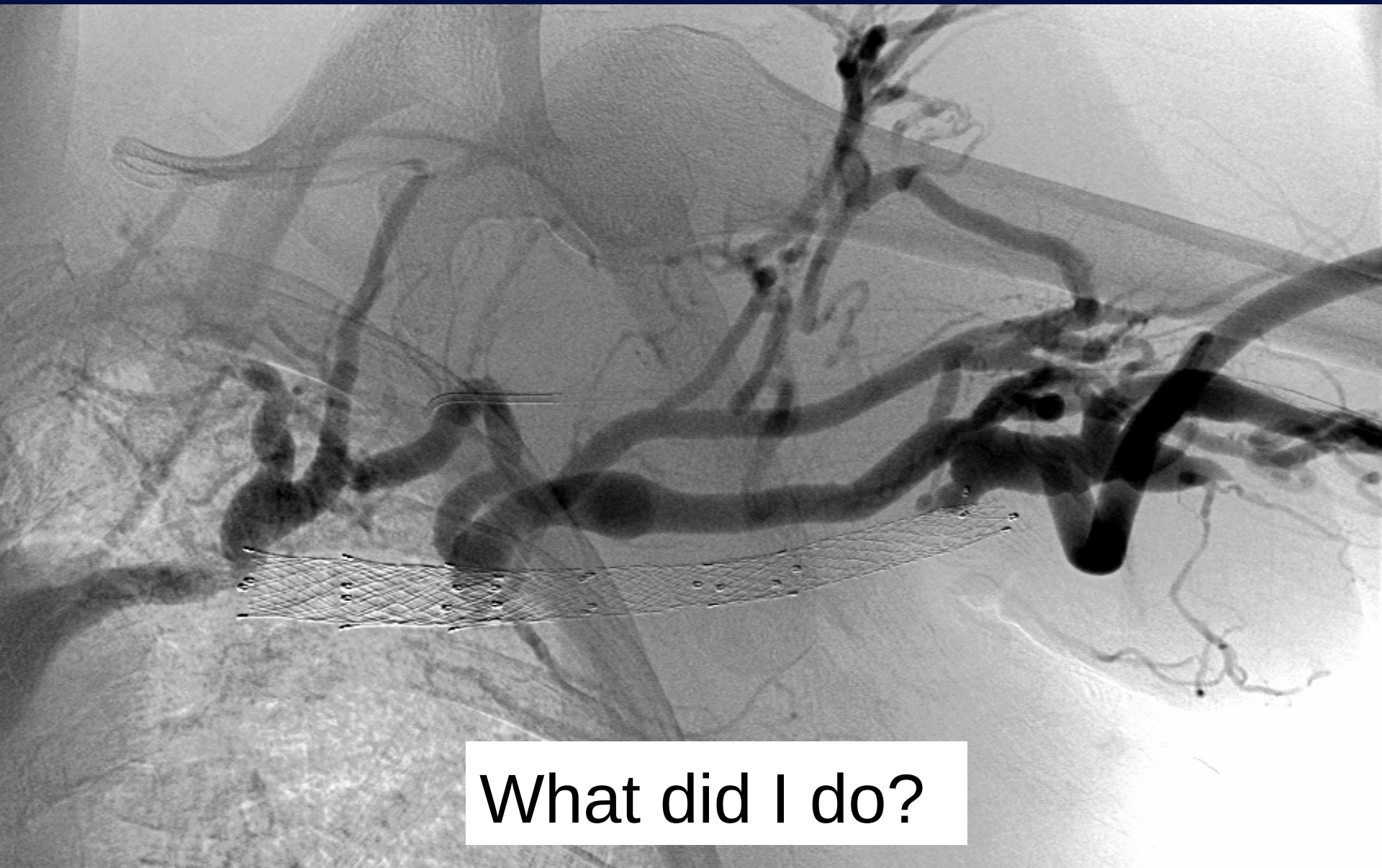


New AVG placed with venous anastomosis in the "isolated" segment of brachial vein.

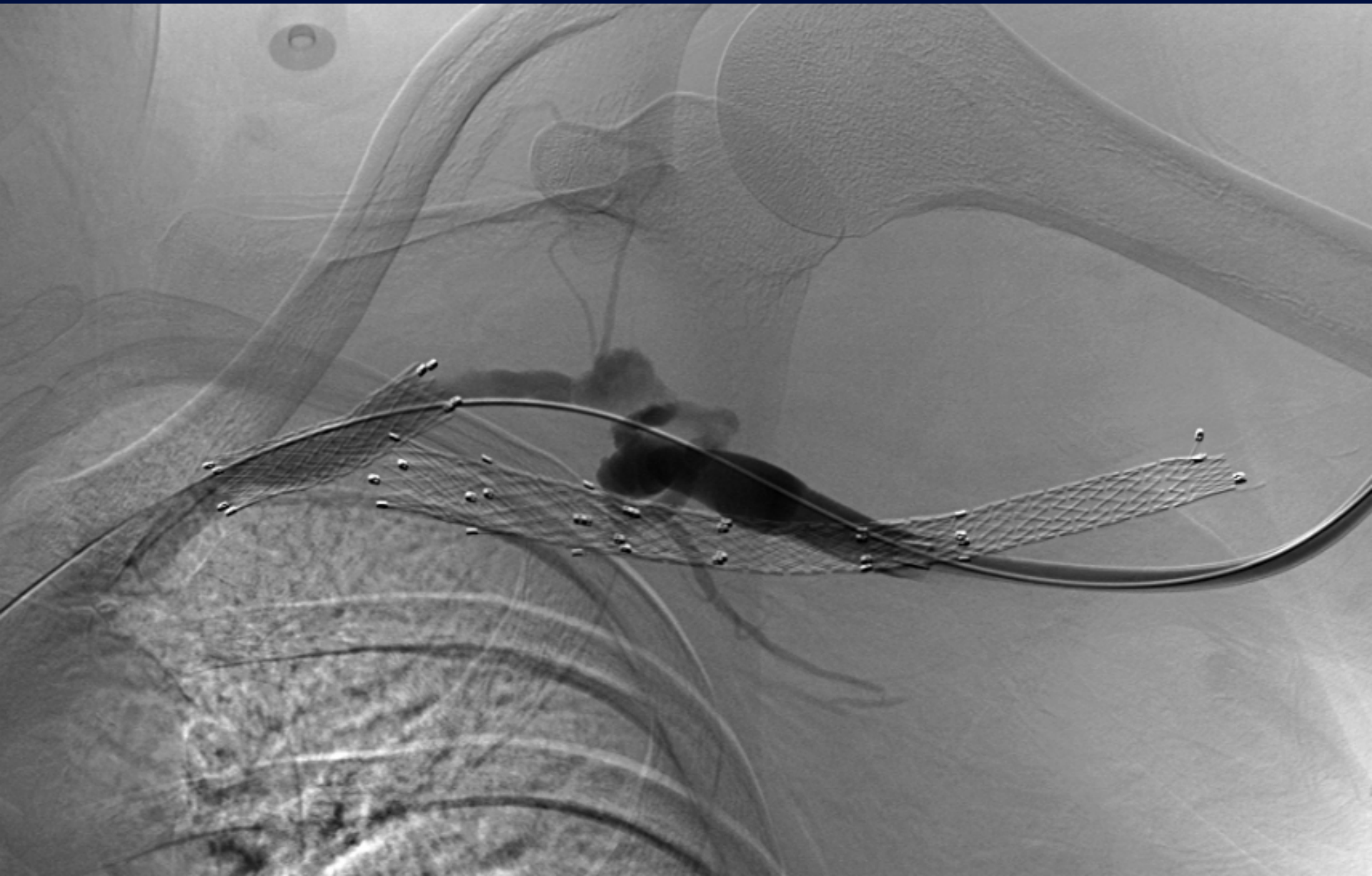
2. Patent vein segments are not always good target vessels for AV Access. Mapping helps.



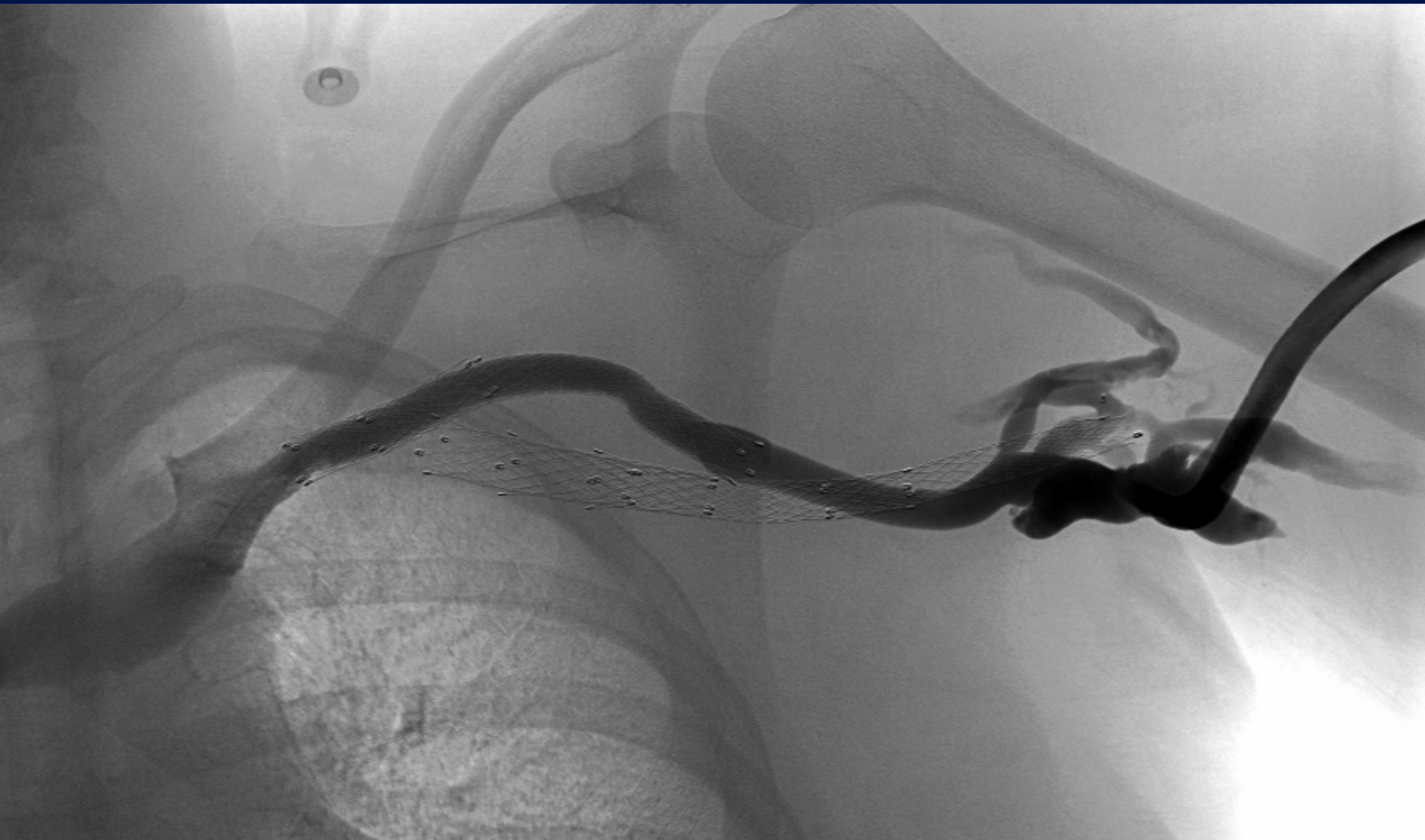
Guess what happened?



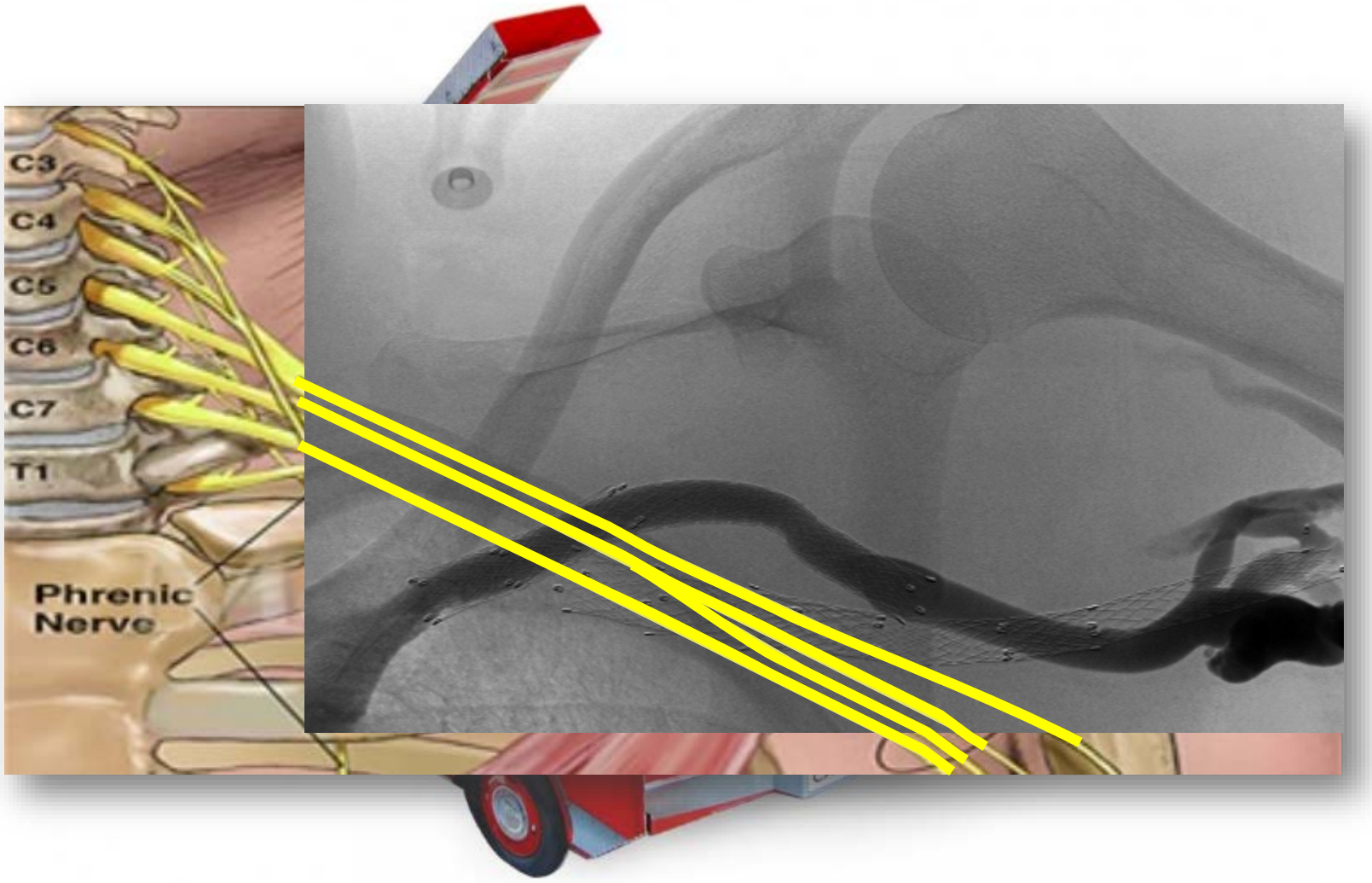
What did I do?



Just one problem!
(completely off my radar)

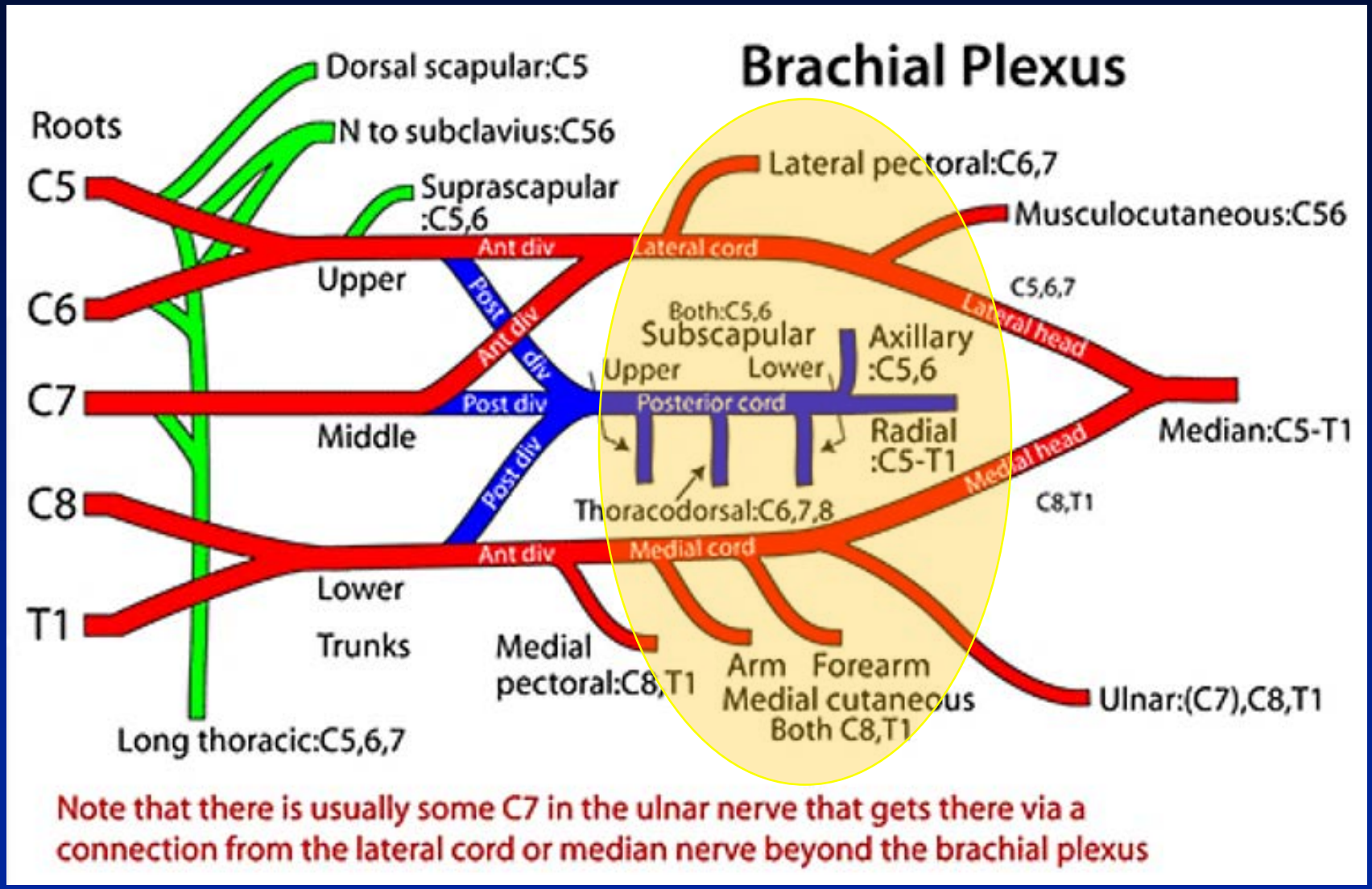


Red Trucks Drive Cats Nuts!

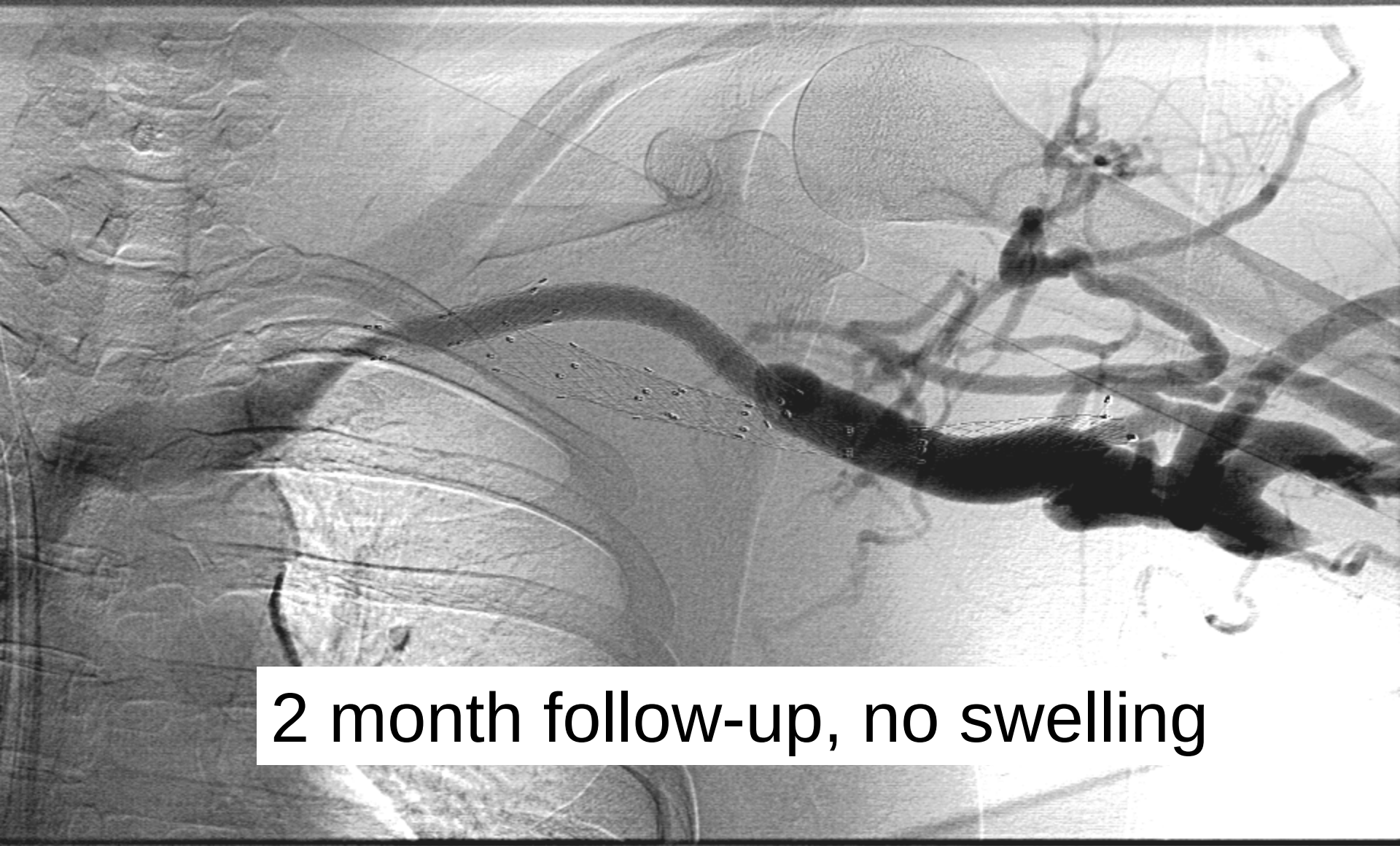


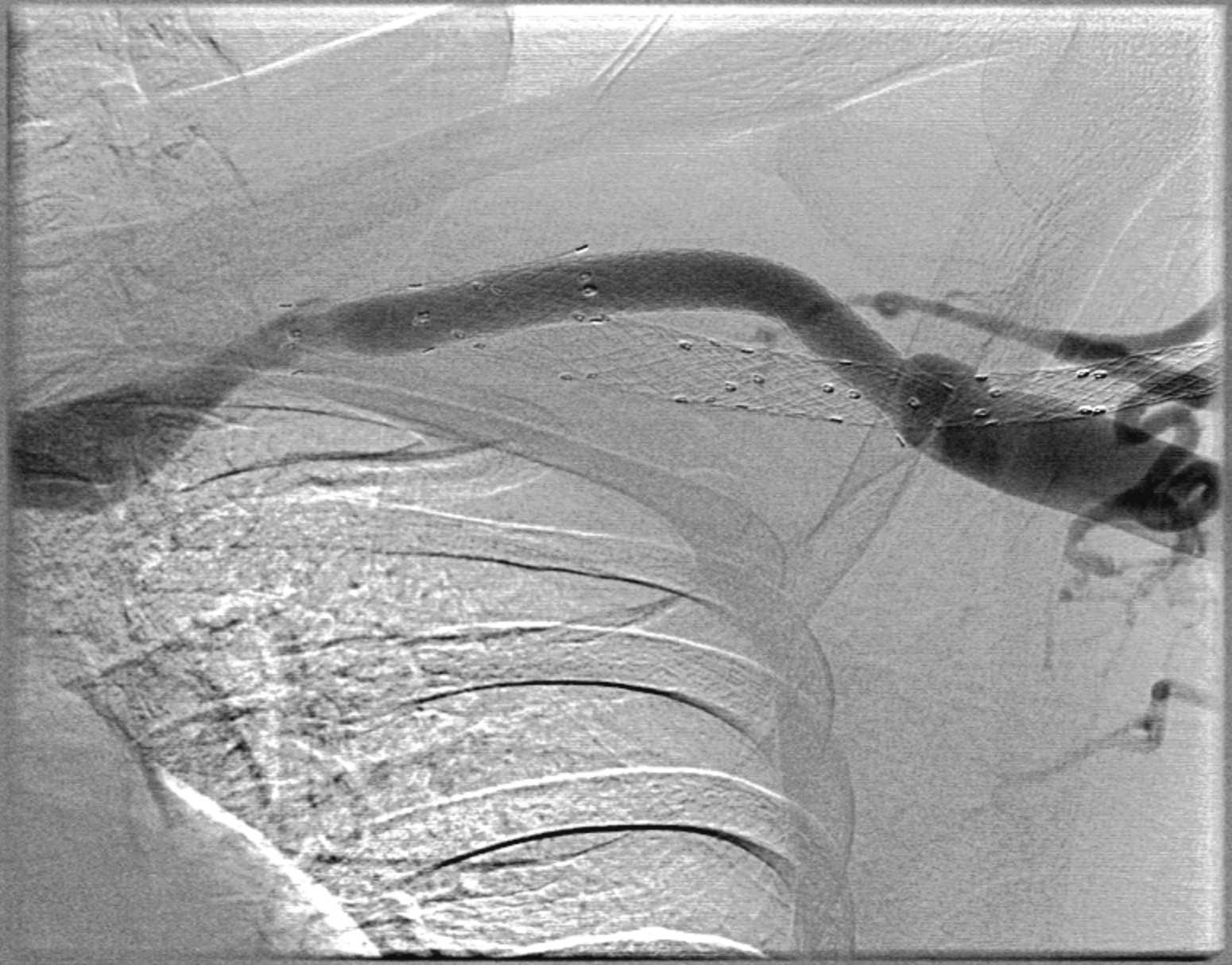
http://www.assignmentpoint.com/science/biology/about-brachial-plexus.html

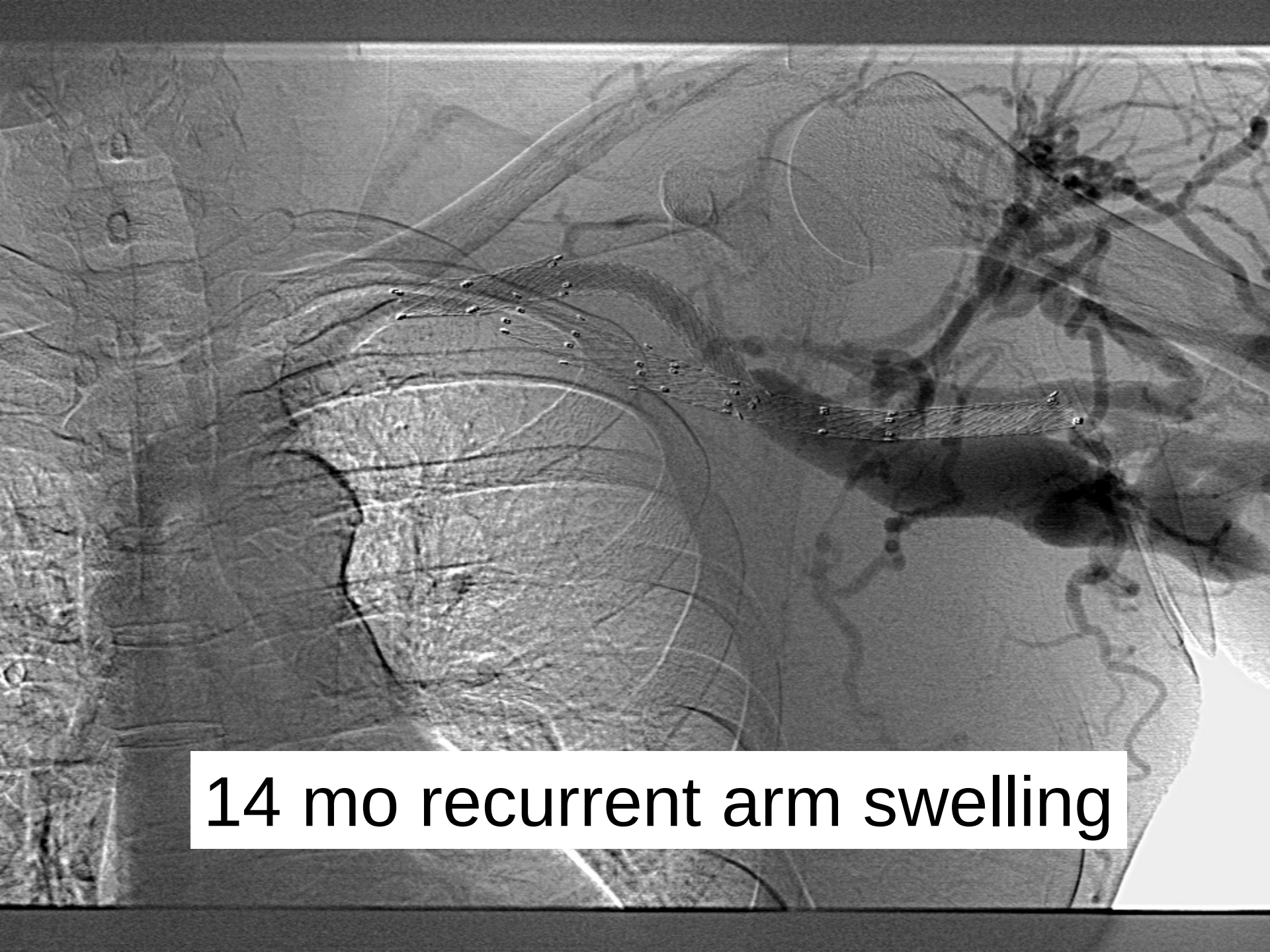
3. Beware the brachial plexus

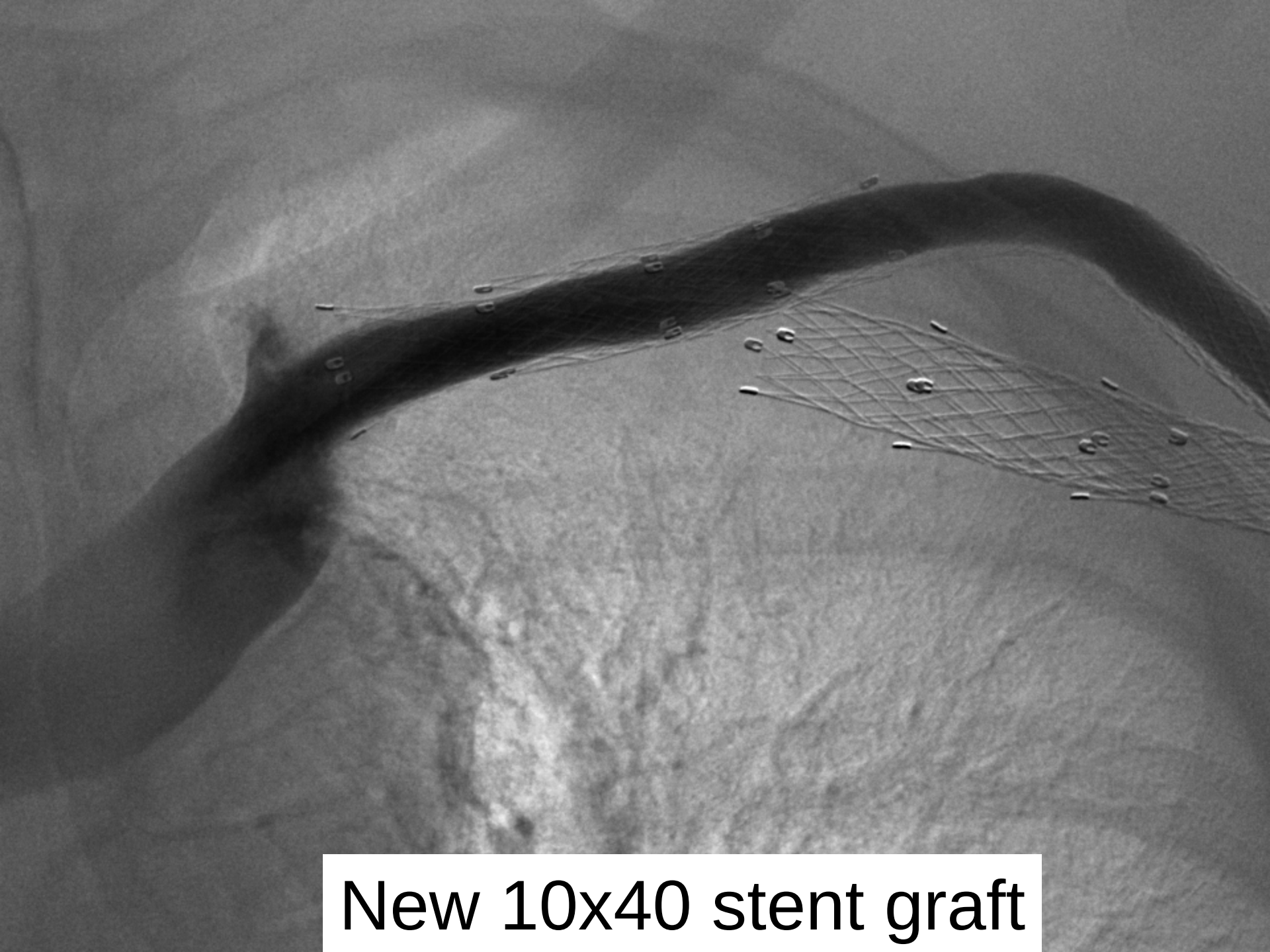


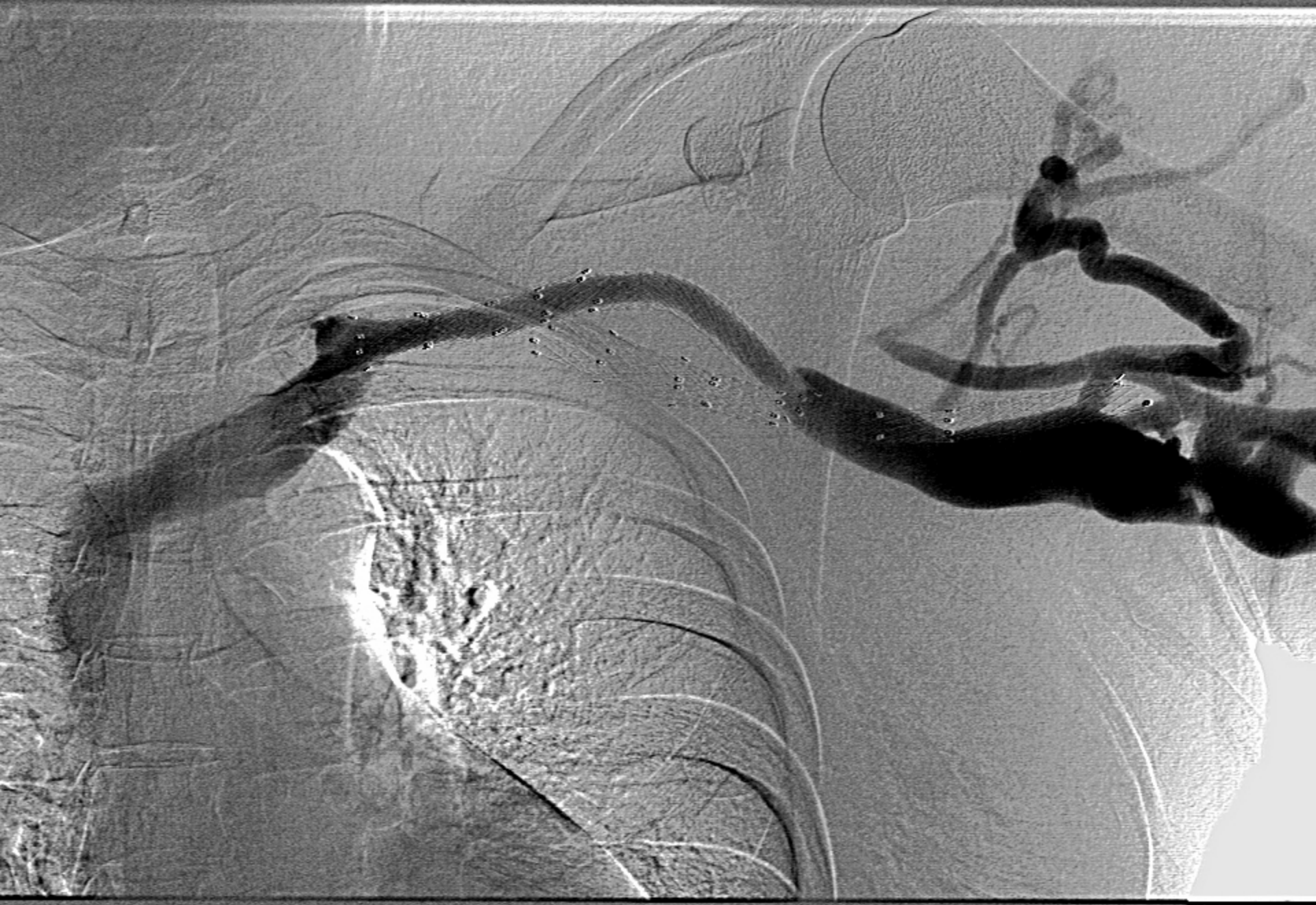
https://www.instantanatomy.net/arm/areas/axilla/brachial.html


2 month follow-up, no swelling




14 mo recurrent arm swelling


New 10x40 stent graft



7 year follow up

Within the ensuing year she underwent successful renal transplantation, about 3 months later her AVG was ligated, and she continues to do well 7 years later (one episode of rejection treated successfully).

Her brachial plexopathy resolved spontaneously within 6 months (approx.) from initial stent graft placement.