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Budd-Chiari Syndrome from a Tunneled-Dialysis Catheter?

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Budd-Chiari Syndrome from a tunneled-dialysis catheter?

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Budd-Chiari syndrome is a rare condition characterized by partial occlusion or obstruction of the hepatic vein or inferior vena cava (IVC) thus impairing hepatic venous outflow. It usually presents with a triad of abdominal pain, ascites and hepatomegaly. Clinical presentation depends on the severity and rapidity of occlusion [2]. Common causes include hypercoagulable states, malignancy, oral contraceptive use, pregnancy and rarely, idiopathic causes. We present a unique case of a woman who developed Budd-Chiari syndrome and its subsequent complications as a result of a right-sided indwelling tunneled-dialysis catheter in the internal jugular vein.

A 76 year-old female with a past medical history of end-stage renal disease on hemodialysis, hypertension, diabetes, colonic perforation status-post colostomy and gastritis was brought in to the emergency room for abdominal pain, generalized weakness, nausea and vomiting ongoing for 1 week. On presentation, she was afebrile, normotensive and vital signs were stable. Physical exam revealed an awake and oriented cachectic female with a moderately distended abdomen that was tender to palpation. Labs revealed mild to moderate elevation of liver enzymes (in IU/L): AST 131, ALT 243, ALP 160. CT scan of abdomen and pelvis showed cirrhotic changes of the liver and moderate amount of ascites. She was evaluated for viral/autoimmune hepatitis which was negative and she denied chronic alcohol use or use of hepatotoxic medications. Further imaging revealed that the patient had a partial versus complete thrombosis of the intrahepatic IVC towards the cavoatrial junction suspicious for a Budd-Chiari. All hypercoagulable work-up was negative and the patient was not on any medications that would predispose her to developing a thrombus. It was suspected to be due to the chronic indwelling HD catheter due to the proximity of the catheter to the thrombus and negative work-up as mentioned above. She was managed with angioplasty of the IVC with mechanical thrombectomy and stenting.

Budd-chiari syndrome is a rare condition that can lead to multiple chronic complications including cirrhosis and fulminant hepatic failure if not treated appropriately. Our case highlights that although we utilize dialysis catheters routinely, we need to be aware of the rare complications that can become detrimental for the patient and can lead to significant morbidity and mortality. Prompt medical management can prevent further deterioration of the patient and mitigate the need for a liver transplant.

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