

Superior Vena Cava Syndrome with Retropharyngeal Edema as a Complication of Ventriculoatrial Shunt

Daniel Gaudin MD, PhD; Mohammed Al-Natour MD; Pouya Entezami BS, MD; Munier Nazzal MD, FRCS; Andrew B
Casabianca MD

The University of Toledo Medical Center

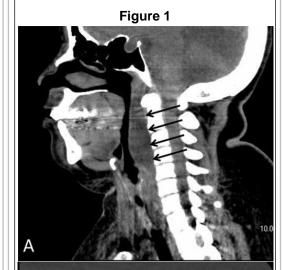


Introduction

Ventriculoatrial (VA) shunting for hydrocephalus is a common neurosurgical procedure.
Complications include shunt failure, infection, and cardiovascular compromise. Superior vena cava syndrome secondary to VA shunting is a rare but devastating complication.

Methods

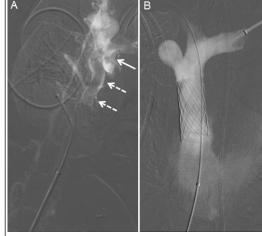
A 37 year-old female with history of Dandy-Walker malformation and congenital hydrocephalus managed by two shunts presented with progressive facial swelling, neck and bilateral upper extremity edema, dysphagia, and headache. CT (Fig 1) showed a retropharyngeal fluid collection compromising the airway, extensive venous collaterals in the upper mediastinum and paraspinal regions, a prominent azygous arch, and ventriculopleural catheter disruption. Further studies showed thrombosis of the catheter-bearing SVC and the azygous vein. Direct catheter thrombolysis using tPA was initiated. After 24 hours there was resolution of thrombus burden in both vessels, with remnant severe SVC stenosis at the catheter tip. Patient's symptoms improved significantly following the procedures.





Sagittal CT (a) shows retropharyngeal edema (black arrows); axial CT with contrast (b) shows prominent azygous arch (white arrow) and multiple para-spinal and mediastinal venous collaterals (dashed arrows).

Figure 2



Initial venogram (A) shows acute occlusive thrombosis in the SVC; Post-thrombolysis and post-stenting venogram (B) with resolution.

Results

The etiology of our patient's SVC thrombosis was believed to be multifactorial, including SVC stenosis secondary to long-term VA catheter implantation and recent OCP initiation. SVC syndrome results from disruption of blood flow through the SVC to the right atrium. There has been a significant increase in benign causes of SVC syndrome over the last two decades, thought to be mainly due to the increase in the use of indwelling central venous catheters and cardiac pacemakers.

Conclusions

Though rare, SVC thrombosis as a consequence of VA shunting is a distressing complication which must be managed emergently.

Learning Objectives

- 1) Recognize SVC thrombosis as a potential complication of VA catheterization
- 2) Identify the clinical symptomatology of SVC thrombosis due to presence of indwelling catheter
- 3) Refresh their knowledge on the correct management of retropharyngeal edema due to SVC thrombosis, an uncommon presentation

References

- 1.Greenberg MS. Handbook of Neurosurgery. Seventh ed. Tampa, Florida: Greenberg Graphics, Inc.; 2010.
- 2.Vik A, et al.. [Local thrombolysis with stent implantation in a patient with vena cava superior syndrome]. Tidsskr Nor Laegeforen 2003;123:2049-50.
- 3.0'Shea PA. Inferior vena cava and hepatic vein thrombosis as a rare complication of ventriculoatrial shunt. Case report. J Neurosurg 1978;48:143.
- 4.Funaki B. Superior vena cava syndrome. Semin Intervent Radiol 2006;23:361-5.
- 5.Ahmann FR. A reassessment of the clinical implications of the superior vena caval syndrome. J Clin Oncol 1984;2:961-9.
- 6. Klassen KP, et al. Diagnosis and treatment of superior-vena-cava obstruction. AMA Arch Surg 1951;63:311-25.
- 7.Nieto AF, Doty DB. Superior vena cava obstruction: clinical syndrome, etiology, and treatment. Curr Probl Cancer 1986;10:441-84. 8.Rice TW, et al. The superior vena cava syndrome: clinical characteristics and evolving etiology. Medicine (Baltimore) 2006;85:37-42.