URGENT TRANSPLANTATION – THE LAST CHANCE FOR LIFE?

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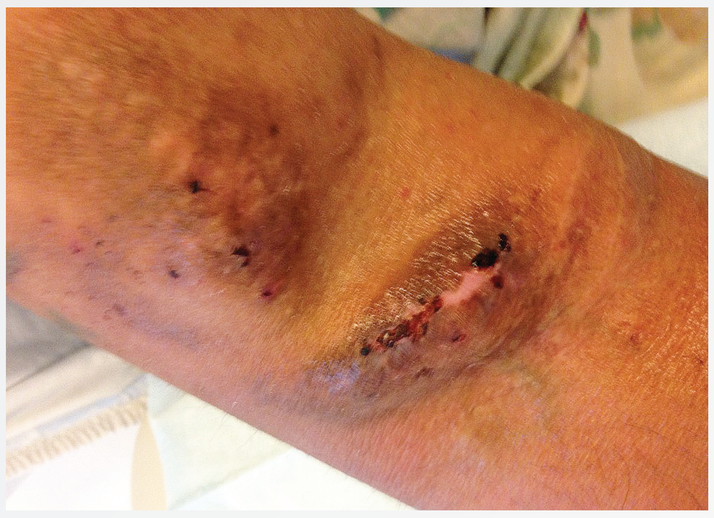
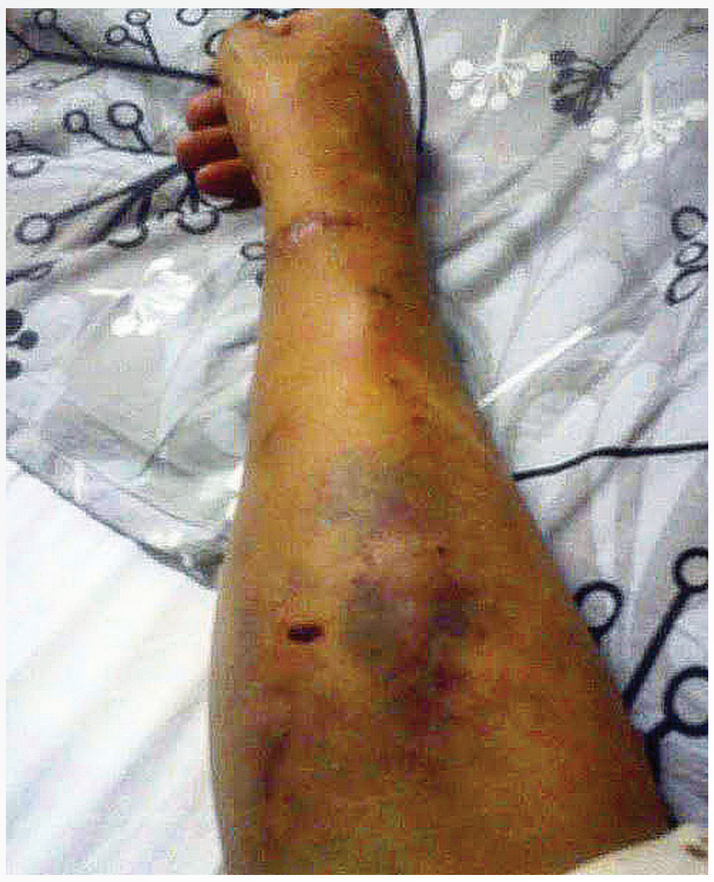
INTRODUCTION TO THE CASE STUDY

The aim of this poster is present a case report of a 52-year-old polymorbid man who ended up in a dialysis programme during 2012 due to end-stage renal failure.

In the pre-dialysis programme, an arterio-venous fistula (AVF) was created on the left upper arm. Unfortunately, the AVF did not develop, therefore a central venous catheter (CVC) had to be inserted. The CVC was associated with multiple infections and thrombotic complications, and the patient subsequently underwent catheter re-insertions. In 2013, he agreed with the re-creation of the AVF on the right upper arm.

Due to the poor compliance of the patient and large weight gain between dialysis treatments, in 2016 the patient developed a non-healing defect above the AVF with the risk of rupture. As a consequence, the AVF was ligated. We again inserted an acute CVC, which was functional only for a short time. The patient was diagnosed with incurable stenosis of the central venous system, which made the re-insertion of a CVC in the upper half of the body impossible.





RESULTS

After the removal of the acute CVC, there was only one possible way to dialyse this patient. For this reason, he received a translumbar haemodialysis catheter. The translumbar catheter was working well. Due to very limited opportunities for the creation of new vascular access, the patient was included on the urgent waiting list for kidney transplant. A donor was found within three days and the patient was admitted to the transplant department. Despite a month-old record of a Doppler ultrasonography confirming no contraindications for kidney transplant, thrombosis of the pelvic vessels was diagnosed during the surgery on the left side, which made the implantation of the graft impossible.

After the non-successful kidney transplant at the beginning of 2017, the patient continued with dialysis treatments at our dialysis centre. The only chance for another kidney transplant was based on the examination of right pelvic vessels using MRI. Based on the results, the patient could be re-assigned to the urgent waiting list for kidney transplant. Unfortunately, the patient was able to extract his translumbar catheter during sleep and was urgently admitted for an insertion of the PermCath.

The result of the examination of the right pelvic vessels was not positive. Significant chronic thrombosis of the iliac veins was found, and the patient was contraindicated for a kidney transplant. After receiving the results, the patient was very sad. He was down and quiet for several weeks and was obviously thinking about his future life. His previous reluctant behaviour towards going visiting the dialysis centre, which he had been experiencing for several years, changed for the positive. His weight gains between dialysis treatments became smaller; he used to gain around five or six kilos between dialysis treatments, and it is now around three kilos. He arrives on time at the dialysis centre and thus far has never skipped any dialysis treatments. In the past, it was common for him to miss several dialysis treatments.

CONCLUSION

In 2012, the patient could have been included in the transplant programme and would most likely would have underwent a successful transplant. Unfortunately, he was not always compliant regarding the treatment and was unable to complete all the requirements and medical examinations on time. For that reason, it was not possible to include him on the waiting list for a kidney transplant at the planned time. His careless approach towards his health, missing dialysis treatments, and large weight gain between dialysis treatments had an effect on his health conditions. Unfortunately, for this patient there is no hope to be included on the waiting list for kidney transplant again. His options are to continue with haemodialysis treatments, take good care of his CVC, and follow the instructions given by healthcare professionals.