

SKIN ULCERATION AND EXPOSURE OF HEROGRAFT

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A 57 year-old catheter dependent dialysed woman with systemic erithematous lupus and central vein stenosis underwent HeRO graft placement in right internal jugular vein. In the next months she had multiple arm infections and venous outflow component was removed after impossibility to perform second thrombectomy at 14 months.

Over time the graft migrated distally (Figure 1), and patient developed skin ulceration and graft exposition (Figure 2). No important weight loss was noted. Arterial graft was removed surgically and she had kidney transplantation.

Arterial graft removal when HeRO graft is abandoned should be considered.



Figure 1

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Figure 2

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