

1

2

:

260
32

. 7F Desilets - Hoffman Sheath

: 32 24 (75%)
5
2

가

30 - 240(:111)

8

가

67.8%

:

가

1

7

21.1

Polytetrafluoroethylene(PTFE)

Table 1

(venous limb)

(1).

21 gauge

(Micropuncture;

Fogarty

7F (Desilets -

Urokinase

Cook, Bloomington, IN)

Hoffman sheath; Cook)

가

(3 - 8).

(side port)

Urokinase

(Encore 26; Boston Scientific, Minnesota,

U.S.A.)

(9 - 11).

Urokinase

(arterial limb)

가

가

0.035 -

inch

(Terumo, Tokyo, Japan)

5F

catheter; Cook)

1997 10

1999 10

260

32

(Fig. 1A)

3,000

5 - F Fogarty (Baxter, Santa Ana, Calif,

U.S.A.) 4 - 6 mm,

2 cm

(Ultra - thin

: 7:25 ,

30 - 70 (

52)

Diamond; Boston Scientific)

(Fig. 1B,

2A)

1

2

1999 12 20

2000 7 18

10

cc
가

(Fig. 1C).

(Fig. 1D, E, 2B).

가

5F

가

24

50%

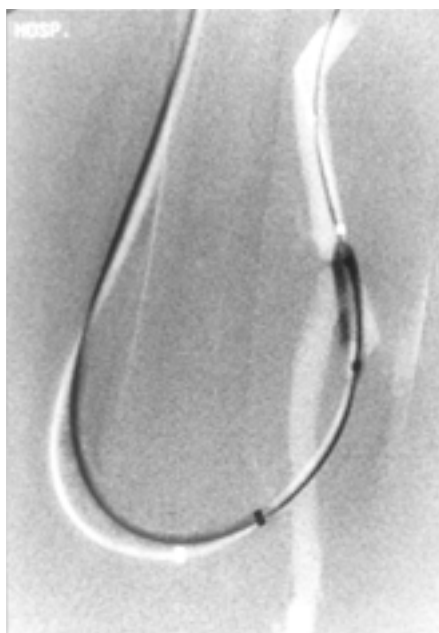
가

Meier method

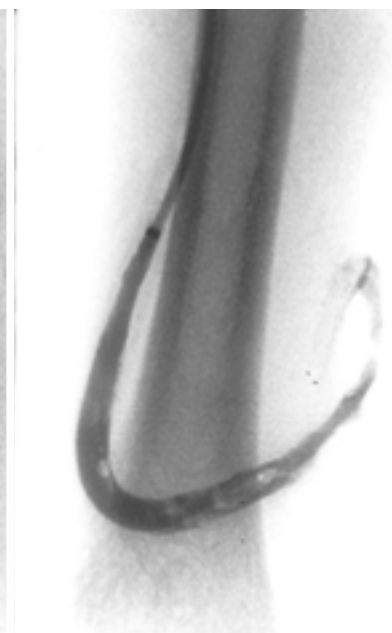
Kaplan -



A



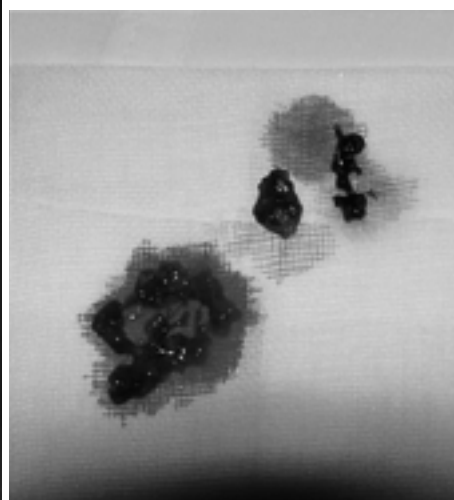
B



C



D



E

Fig. 1. Brachio-Basilic graft fistula.

A. Brachial arteriogram shows complete obstruction of graft.

B. The balloon catheter is advanced into the native artery and is inflated. The balloon is then pulled centrally through the arterial anastomosis into the graft.

C. After aspiration was performed, partial patency but residual thrombus in the arterial limb are noted.

D. Final fistulogram demonstrates complete recanalization of graft.

E. Aspiration specimen were obtained.

32 24 (75%)
30-240(:111)

가 . 가
5 - 8
, 3 가
2 (Fig. 3)
가 1 가

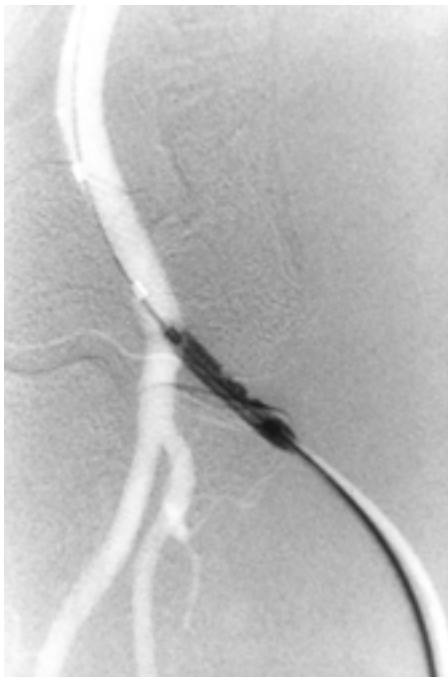
10 337 (133)
1, 6 81%, 67.8% .
(primary patency period) 7.92 .



Fig. 3. Brachio-Brachial graft fistula.
Brachial arteriogram demonstrates embolization of fragment of arterial limb in the distal brachial artery (arrow).

Table 1. Type of Arteriovenous Fistula

Artery-Vein	Number
Brachial - Basilic	17
Brachial - Brachial	6
Brachial - Cephalic	3
Radial - Cephalic	3
Radial - Basilic	1
Radial - Brachial	1
Ulnar - Basilic	1
Total	32



A



B

Fig. 2. Brachio-brachial graft fistula.
A. Brachial arteriogram shows complete obstruction of graft and the inflated balloon is pulled toward graft.
B. Final fistulogram shows complete recanalization of graft.

:
 25%
 Hematocrits 20 - 30%
 가
 (percu - 가
 taneous technique) 가
 가
 Urokinase (pulse - spray 가
 technique) (3 - 10) Gleysteen (18) Urokinase
 (11 - 14) 가
 (foramen ovale)
 Davis (6) 가 가
 Urokinase 가
 90% , Valji (7) Urokinase
 93% Zeit (8)
 Streptokinase 77%
 (pyrogenic type reaction),
 (6 - 10).
 가 가
 Urokinase
 (2). Trerotola (2) Middlebrook
 (15) Fogarty (venous limb) 가
 Fogarty 82%,
 88% . Zaetta (16) (2).
 가 1 가
 가 2 , 가 1
 2 5
 Desilets - Hoffman sheath 1
 (side port) , 가 가
 (19, 20) 3.5
 111
 가 Etheredge (21) 30
 가 65%, Valji (7)
 30 68% , Trerotola (2)
 가 30 56%
 가 30 , 6 81%, 67.8 %
 가
 Winkler (17) 42 cm
 가
 3.2 mL, 3.4 g 가
 414

Urokinase

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Percutaneous Mechanical Declotting of Thrombosed Dialysis Graft¹

Seung Boo Yang, M.D., Dong Erk Goo, M.D., Dae Ho Kim, M.D., Hae Kyung Lee, M.D.,
Deuk Lin Choi, M.D., Kee Hyang Kwon, M.D., Hyun Sook Hong, M.D., Chul Moon, M.D.²

¹Department of Radiology, College of Medicine, Soonchunhyang University

²Department of General Surgery, College of Medicine, Soonchunhyang University

Purpose: To evaluate the effectiveness of percutaneous mechanical declotting in thrombosed dialysis graft.

Materials and Methods: Thirty-two patients with thrombosed dialysis graft in 260 cases involving insufficient hemodialytic access underwent mechanical declotting. Using a 7-F Desilets-Hoffman sheath and the crossed-catheter technique, we aspirated the intragraft clot and pushed the residual clot into the central circulation with balloon catheters. The success rate, procedure time, complications and patency rates were evaluated.

Results: Technical success was achieved in 24 of 32 cases, with a procedure time of 30 - 240 (average, 111) minutes. In five of eight cases in which technical failure occurred, the guide wire failed to reach the stenotic site and in the other three, there was insufficient luminal dilatation. Complications included vein ruptures (n=2), arterial emboli (n=1) and arterial dissection (1), but there was no evidence of clinical symptoms of pulmonary embolism. The six-month patency rate was 67.8%.

Conclusion: Mechanical declotting of thrombosed dialysis graft using a balloon catheter is relatively inexpensive, safe and fast, and is well tolerated.

Index words : Dialysis, shunts

Vein, transluminal angioplasty

Thrombectomy

Address reprint requests to : Dong Erk Goo, M.D., Department of Radiology, Soonchunhyang University Hospital
657, Hannam-Dong, Yongsan-Ku, Seoul 140-743, Korea
Tel. 82-2-709-9396,9397 Fax. 82-2-795-3928 E-mail: degoo@hosp.sch.ac.kr