Abstract: P1664

Bilateral absence of the superior vena cava

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Topic(s):
Cardiac Magnetic Resonance: Flow Imaging

Citation:
European Heart Journal - Cardiovascular Imaging (2019) 20 (Supplement 1), i1183

We report the case of a 49 years old man scheduled for a CRT D implantation. The left subclavian vein was accessed through an introducer needle and then, the guide wire was inserted through the needle into the vein, but access to the SVC was not successful.

Radio-iodinated contrast material was injected in order to obtain a venogram: no contrast was going into SVC and the anomalous venous drainage was suspected to be an hemiazygos vein. Injection of contrast material in the right brachialis vein revealed the absence of right SVC and anomalous venous drainage into azygos vein with subsequent drainage into the inferior vena cava (IVC). Access to the right ventricle and coronary sinus did not seem possible because of the anomalous venous drainage and procedure was abandoned. MRI angiography confirmed this anomalous venous drainage with subsequent discharge into the left renal vein. The patient underwent successful epicardial implantation of a right and left ventricular leads together with a subcutaneous array electrode sutured to the pericardium.

Isolated bilateral absence of SVC makes routinely approaches in device implantation impossible. The real incidence of this anomaly may be higher than reported, due to the asymptomatic character and the fact that the majority of cases reports were discovered in adults at the time of device implantation.