

## Acrocyanosis

Sixty-year-old woman, with a history of gastric neoplasia in remission 5 years ago, and since then have a totally implantable central venous catheter (TICVC) in the right subclavian vein. No other relevant history and no known allergies.

She went to the emergency department with complaints of asthenia, edema of the face and neck, dysphagia and dysphonia with two months of evolution, and edema of the right upper limb since three days.

On physical examination there was edema of the face, cervical region and the thorax that extending to the fourth rib and right upper limb, acrocyanosis; cardiopulmonary auscultation was normal; humeral, radial and ulnar pulses were present and bilaterally symmetrical.

Analytically, D-dimers of 1859 ng/dl and C-reactive protein of 32mg/L. Computed angiography documented: "central venous catheter terminating in the superior vena cava (SVC), thrombotic phenomena of SVC and the right jugular vein with permeability from azygous vein. Accentuated collateral circulation in the left hemithorax with densification of soft tissues in the cervical region and right anterolateral thoracic wall".

She started anticoagulation with Low Molecular Weight Heparin, followed by warfarin; she was asymptomatic at 10 days of treatment, at which time the TICVC was removed, without intercurrents. The patient was followed up in consultation; anticoagulation was maintained for one year, with resolution of the condition.

TICVCs are devices that allow simple, safe and non-limiting vascular access in the daily activities of cancer patients.<sup>1</sup> Central venous thrombosis is a major late complication, whose incidence is underestimated.<sup>2</sup>

In the case described, the typical clinic and the imaging tests determined the diagnosis – superior vena cava syndrome of benign cause in relation to TICVC.

This syndrome is characterized by a set of signs and symptoms resulting from venous stasis caused by obstruction of the superior vena cava, either by thrombosis, extrinsic compression or direct vein invasion. The most common causes are malignant (60 to 85% of cases); the iatrogenic etiology is rare.<sup>1,2,3</sup> Diagnosis is usually achieved through the clinic and confirmed by imaging tests. The treatment depends on the etiology, but in all the situations the symptomatic treatment is recommended: head elevation, rest, control of the volume administered, oxygen supplementation, diuretic, corticoid if there are edema laryngeal or cerebral edema. Other treatments such as anticoagulation, surgery, endoluminal treatment, radiotherapy and chemotherapy may be considered.<sup>2,4</sup>

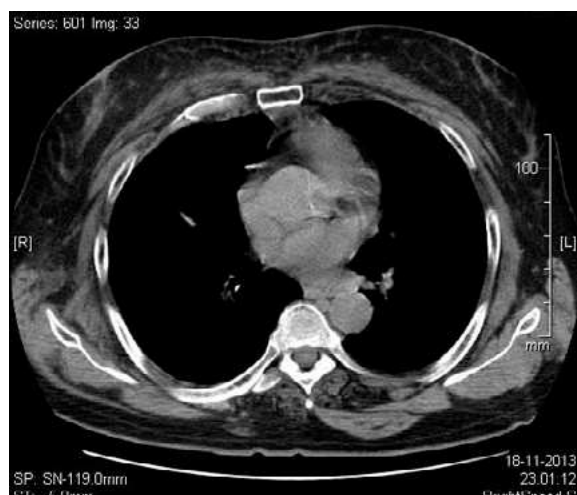
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Fig. 1. Edema of the face, cervical region and thorax, acrocyanosis.



Fig. 2. TC angiograph: thrombotic phenomena of SVC and the right jugular vein with permeability from azygous vein.



Diagnóstico

### Latrogenic acrocyanosis

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