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A 68-year-old patient with a history of renal impairment experienced superior vena cava syndrome with an ipsilateral total occlusion of the previous stent-graft at the junction of jugular veins and subclavian veins along with the superior vena cava. We exposed the right internal jugular vein and deployed an 8x60 mm stent-graft after in-situ fenestration of the previous stent-graft using Chiba needle. And then an extra-anatomical bypass was done from the previous arteriovenous graft to the right internal jugular vein using a synthetic Gortex ringed graft. Postoperative computerized tomography showed good patency of hemodialysis access pathway and there was a rapid resolution of the associated upper extremity swelling. It was concluded that jugular-axillary vein bypass should be considered in patients who have massive upper extremity edema resulting from repeated endovascular failures of central vein stenosis.