

Letter to Editor

Proximal venous outflow obstructions and transfemoral approach in patients with arteriovenous fistula

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Congratulations to the authors for their effort [1]. Endovascular treatment for central venous occlusions, which cause many vascular access problems among hemodialysis patients, has increased in recent years. Although most of these procedures have been applied via forearm vessels, there were studies reporting the use of the transfemoral approach in complicated cases [2,3].

In the publication, the authors reported that they applied a fistulogram by using a 6 Fr sheath from forearm veins and diagnosed the occlusion site. After the fistulogram, the authors used transfemoral access for other invasive procedures not to injure forearm vessels.

We conclude that the invasive endovascular procedures for treating the occluded segment could be completed via the same access point, and the transfemoral approach must not be a routine route for access and reserved for more complicated cases or when the forearm is unavailable.

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Authors' reply

In interventional cases where angiography is used, we always aim to make less radiation and less effort. In our studies and interventional cases, we will use the transfemoral road when we cannot use a transradial road. We would like to thank the authors for their attention and contributions.

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