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Editorial

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Editorial on Evolution of Arteriovenous Fistulas after Renal Transplantation

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Arteriovenous fistula (AVF) is the main long-term vascular approach in chronic hemodialysis. However, after renal transplantation, these can be the site of many complications.The aim of this study is to assess the long-term fate of FAV in renal transplant patients.These were fistulas performed in the forearm (69% radial, 31% humeral-cephalic). Synthetic bypass was only used in 3 cases. Thrombosis during transplantation was observed in 20% of patients. In 3 patients, the concept of a blood pressure drop was found during the procedure.8 patients had early thrombosis of their FAV. The exact date of thrombosis was difficult to determine retrospectively in many patients. FAV was closed remotely in 42% of our patients. It was always a necessity closure. The mean time to closure compared with the transplant was 45 months on average. Several of our patients still had a functional fistula, 3 of which were returned to hemodialysis using their initial AVF. AVF had never been used in 1 patient. The main progressive risk is that of thrombosis, which occurs preferentially in distal fistulas. The reasons for these approaches to closure are numerous and the per and perioperative periods are critical in this respect. It is at this time that preventive rules can be useful: surveillance, installation, intraoperative hemodynamics, avoid infusions of toxic venous drugs. Our results encourage us to pursue a conservative attitude and the ligation seems to us to be reserved for the dangerously at the heart or poorly tolerated. Although it is not our intention to preserve the vascular margins of all patients at all costs, it seems rather interesting to save the vascular capital of patients who will eventually return to dialysis.

Distal native vascular surroundings, although not used after renal transplantation, have prolonged survival. The main progressive risk is thrombosis, which can be prevented perioperatively. Plasma exchange is a non-selective apheresis technique that can be performed by filtration or centrifugation allowing rapid treatment of high molecular weight pathogens. Immunosuppressive therapy is usually associated to reduce the rebound effect of the purified substance.

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