



**11-12
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- Radiologie Interventionnelle
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Réponse au Cas clinique: FAV de dialyse

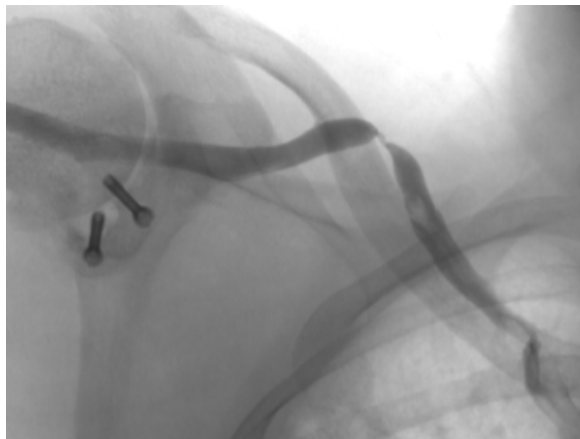
Quel est votre prise en charge ?

Arthur CORBEAU
CHU Clermont-Ferrand



Gestion sténose de l'abouchement de la veine céphalique dans la veine sous-clavière

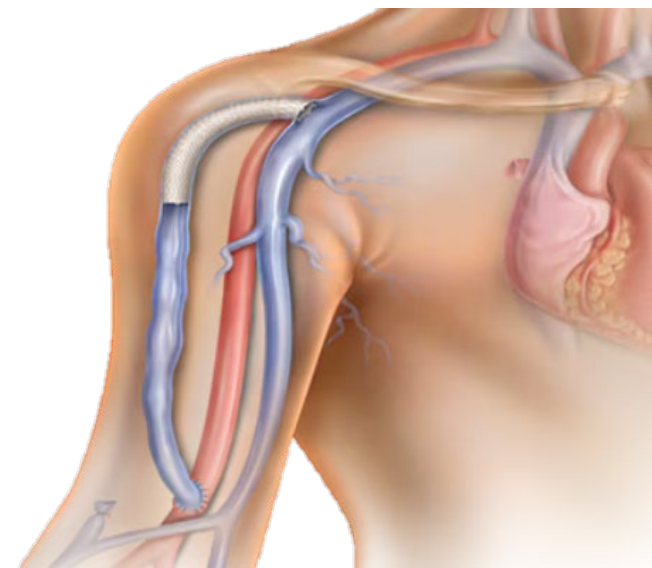
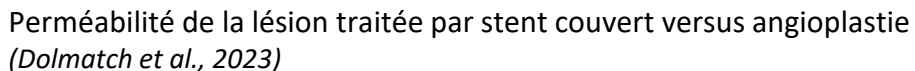
- Abord veineux
- Nouvelle dilatation au ballon simple +/- haute pression (*Henriques et al., 2025*)



Resténose précoce (< 6 mois après angioplastie initiale) (Lok et al., 2020; MacRae et al., 2016)

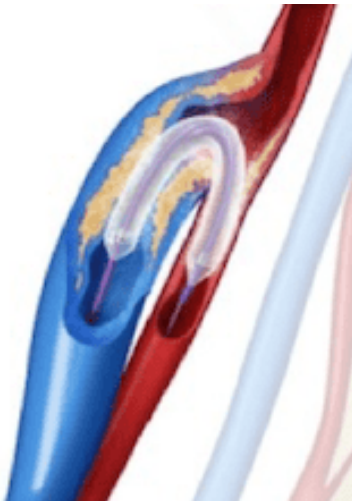
→ Pose d'un stent couvert de type **Covera™** (Henriques et al., 2025)

→ Application d'un **ballon actif** (Paclitaxel) pendant quelques minutes (*Kitrou et al., 2016*)



Sténose post-anastomotique serrée

- Décision multidisciplinaire avec l'équipe chirurgicale.
- Nouvelle ponction veineuse / ponction veineuse croisée (« flip-flop ») (*Jiber et al., 2015*)
- Angioplastie par dilatation simple au ballon court (*Jiber et al., 2015; Balaz & Björck, 2015*)
- En cas de sténose résistante, possibilité d'utiliser un cutting balloon (*Balaz & Björck, 2015*)
- Option : Abord artériel rétrograde par microponction pour cartographier la zone post-anastomotique (Doppler pré-procédure et habitudes locales) (*Pichot et al., 2023*).



Thrombus mural d'allure récent au niveau du PPV

- Pas de traitement endovasculaire (*Nguyen & Berman, 2025; MacRae et al., 2016*)
- Favorisé par la sténose centrale (*Lok et al., 2020*)
- Traitement médical : anticoagulation et, si possible, changement du point de ponction (*Lok et al., 2020; Yen et al., 2025*)
- Favoriser la technique « Button Hole » (*Yen et al., 2025; Moreira et al., 2019; Rønning et al., 2021*)





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Merci de votre attention

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