A native arteriovenous fistula is the vascular access of choice for hemodialysis. After successful renal transplantation, fistulae are commonly closed to omit volume load by fistulae with high blood flow. During this intervention, the continuity between artery and vein needs to be transected to prevent spontaneous revascularization. A 35-year-old white man received a renal allograft. His brachiocephalic dialysis fistula was closed and transected when his allograft function was stable. The thrombosed vein remained on his upper right arm without producing any symptoms for 9 years (Figure, A). During the 10th year after the intervention, he reported swelling of the fistula and pain in his right upper arm (Figure, B). No pulse was felt, but the cephalic vein increased in size and a minor flow was detectable by Doppler ultrasonography.

During the surgical revision, a properly transected brachiocephalic fistula was detected (Figure, C). The cephalic vein had no contact to the brachial artery. The cephalic vein was unexpectedly partly revascularized via 3 independent feeder vessels (ie, vasa vasorum; Figure, D, arrows). The cephalic vein was removed, and the course after surgery was uneventful. This illustrates a complication almost a decade after appropriate closure of a large brachiocephalic fistula. To the best of our knowledge, this is the first description of this uncommon complication.

Disclosures
None.

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A Painful Fistula
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