THE SOCIETY FOR
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Simon Hartley has completed this personal reflection on **25/06/2023**

Paper: Winter 2022/23 CPD questions

Personal Reflection:

The first paper was an interesting summary of one centre's technique for assessing AV stenosis diagnosis using ultraound. However, it lacked detail concerning the selection of reference segments for calculating PSVR. This is often difficult due to the wide variation in venous diameters and the often dissimilar diameter between venous and supplying artery diameter. Certainly, a PSVR =/> 2 ratio in my expereience would over-call significance, whereas PSVR =/>3 is more likely to represent an angiographically significant stenosis. Ratios of c. 2 are common at areas of tortuosity and at the anastomosis of otherwise well functioning fistulae. I agree with the author's use of a complex of factors to determine whether or not a stenosis is significant of which PSVR is one, and one to be used carefully.
The second is interesting. From experience, a large percentage of patients demonstrated compression of the subclavian/axillary vein with respiration and remaing symptom free. Rather than vTOS (if defined simply by compression of then vein) being 3-5% I would guess an order of magnitude higher than this, whereas vTOS symptomatic is more in line with 3-5%. Stenting of any of the deep venous system is rare in our institution, more commonly seen in young patients with ilio-femoral DVT than in the upper limb.