A 70-year-old woman was admitted because of a sudden swelling in her left hand. She had started hemodialysis 30 years previously because of chronic glomerulonephritis, and she received maintenance dialysis 3 times per week. An arteriovenous fistula was created on her left snuffbox (black arrow). A clinical examination revealed that the skin around her left hand was shiny and swollen reddish black. Her hand was unable to grip because of mild pain and the marked edema of the hand limiting the range of motion of the fingers (Figure 1). The thrill was audible at the site of anastomosis, but the thrill on the forearm had disappeared. Ultrasonography showed thrombotic occlusion in the cephalic vein of the forearm, and blood flow was to the periphery via collateral circulation. The diagnosis was venous hypertension (sore thumb syndrome) owing to vascular access occlusion, and endovascular treatment was performed.1,2 The swelling of her hand began to improve immediately after treatment and with a complete improvement 1 week later (Figure 2).

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