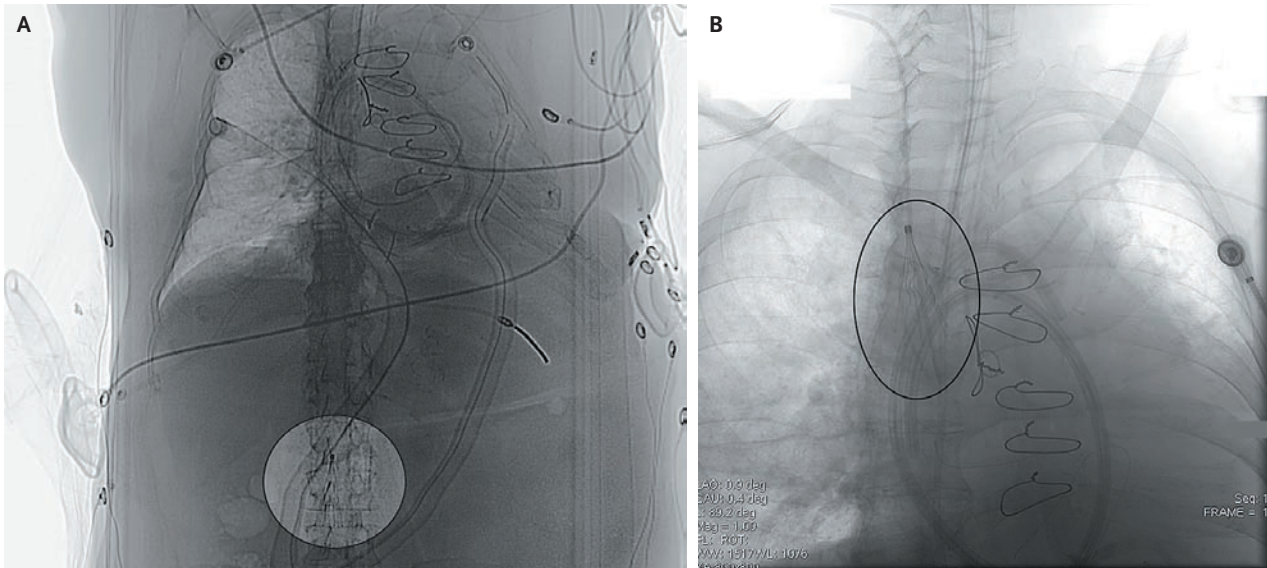


A Complication of Central Venous Catheterization



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A 65-YEAR-OLD MAN WITH A HISTORY OF HYPERTENSION, DIABETES MELITUS, coronary artery disease with angioplasty and bypass grafting, and deep-vein thrombosis (with placement of an inferior vena cava filter several months earlier) was admitted with heart failure. A right internal jugular catheter was placed for management of congestive heart failure. During placement of the catheter, the guidewire was advanced approximately 50 cm; subsequently, there was difficulty in removing the guidewire, requiring some force to pull it out. A radiograph obtained earlier, confirming the proper placement of a feeding tube, showed that the filter was in the proper position (Panel A). A radiograph obtained after catheter placement showed that the filter was dislodged and in the superior vena cava (Panel B). The dislodged filter was removed through a filter sheath without complication. An inferior venacavogram revealed focal irregularity of the mid-infrarenal inferior vena cava, representing sites where the filter had been attached, but no contrast extravasation was identified. The patient died 2 weeks later from progressive respiratory failure. To avoid this type of complication, advancement of the guidewire should be limited to approximately 10 cm before threading of the catheter.

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