



Cardiac tamponade caused by perforation of the cardiac wall is a rare complication related to central venous catheter (CVC) placement” Premuzic et al (2018).

Abstract:

Cardiac tamponade caused by perforation of the cardiac wall is a rare complication related to central venous catheter (CVC) placement. A 71-year-old female with a previous history of moderate aortic stenosis and kidney transplantation was admitted to hospital due to global heart failure and worsening of allograft function.

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Intensified hemodialysis was commenced through a CVC placed in the right subclavian vein. Chest radiography revealed catheter tip in the right atrium and no signs of pneumothorax. Thorough diagnostics outruled immediate life-threatening conditions, such as myocardial infarction and pulmonary embolism. However, not previously seen, 2 cm thick pericardial effusion without repercussion on the blood flow was visualized during echocardiography, predominantly reclining the free surface of the right atrium, with fibrin scar tissue covering the epicardium - it was the spot of spontaneously recovered cardiac wall perforation. Follow-up echocardiogram performed before the discharge showed regression of the previously

found pericardial effusion.

Reference:

Premuzic, V., Katalinic, L., Pasalic, M. and Jurin, H. (2018) Nonfatal cardiac perforation after central venous catheter insertion.

Saudi Journal of Anaesthesia. 12(1), p.118-120.

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