



“We report a case of internal jugular catheterization complicated by carotid artery puncture leading to embolic stroke.” Pathak et al (2014).

Reference:

Pathak, R., Karmacharya, P., Aryal, M.R. and Alweis, R. (2014) Iatrogenesis imperfecta: stroke caused by accidental carotid artery catheterization. The Journal of Vascular Access. July 8th. .

Internal jugular catheterization complicated by carotid artery puncture [@ivteam #ivteam](http://ctt.ec/f497x+)

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Abstract:

PURPOSE: Central venous catheterization is a commonly used procedure to gain access to the central circulation. Although ultrasound guidance decreases the complication rates, arterial puncture may still occur. Failure to recognize this early may lead to devastating complications such as thrombosis and embolic stroke. We discuss the factors associated with increased risk of arterial puncture, techniques to detect them early and the management of established carotid artery cannulation.

METHODS: We report a case of internal jugular catheterization complicated by carotid artery puncture leading to embolic stroke.

RESULT: Arterial catheterization in the patient went unrecognized for 2 days. During this period, the patient developed catheter-related thrombus in the carotid artery, ultimately resulting in embolic stroke. Emergent open surgical repair of the vessels with thrombectomy was performed.

CONCLUSION: Even with ultrasound-guided central venous catheterization, it is essential to remain vigilant for the early detection of vascular complications. Clinical suspicion combined with diagnostic modalities such as chest radiograph, transduction and manometry can increase the detection rates.

Other intravenous and vascular access resources that may be of interest (External links - IVTEAM has no responsibility for content).

Guide for intravenous chemotherapy and associated vascular access devices from Macmillan. CancerUK IV chemotherapy information.



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