



“We share a case of a patient with posterior communicating artery (PCOM) aneurysm who presented with delayed hemothorax, pseudoaneurysm of thyrocervical trunk and brachial plexus paresis post operatively on 3rd day” Malviya et al (2014).

Reference:

Malviya, D., Rastogi, S., Harjai, M. and Das, P.K. (2014) Successful management of pseudoaneurysm and hemothorax following central venous cannulation. Saudi Journal of Anaesthesia. 8(4), p.568-570.

Pseudoaneurysm and hemothorax following central venous cannulation [@ivteam #ivteam](http://ctt.ec/jRU3d+)

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Extract:

Central venous cannulation is being used in clinical practice successfully since 1945 for various therapeutic and diagnostic purposes. Rarely, it can be associated with fatal complications. The incidence of central venous catheter (CVC) complication as reported in the literature varies from 5% to 19% respectively[1,2] and unintended arterial puncture occurs in about 2-4.5% of CVC resulting in 0.1-0.5% of the arterial injury.[2]

Though rare, but fatal complications such as massive hemothorax, pneumothorax, common

carotid artery puncture can occur. There are few case reports in literature, which have reported the formation of pseudoaneurysm, arteriovenous fistulas and dissection after arterial puncture.[3] We share a case of a patient with posterior communicating artery (PCOM) aneurysm who presented with delayed hemothorax, pseudoaneurysm of thyrocervical trunk and brachial plexus paresis post operatively on 3rd day.”

**Full Text**

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