We present the case of a 21-year-old male with a history of cystic fibrosis, bilateral lung transplant, and chronic corticosteroid use, with longitudinal tear of the biceps brachii muscle as a complication of PIV infiltration" Nagpal et al (2015).

Reference:

Nagpal, A.S., Benfield, J.A. and Dy, R.T. (2015) Longitudinal tear of the biceps brachii from peripheral intravenous catheter infiltration. Muscles, Ligaments and Tendons Journal. 5(2), p.120-3.

Abstract:

BACKGROUND: although peripheral intravenous catheter (PIV) infiltration is a frequent hospital occurrence, muscle rupture is a previously unknown complication of line infiltration. We present the case of a 21-year-old male with a history of cystic fibrosis, bilateral lung transplant, and chronic corticosteroid use, with longitudinal tear of the biceps brachii muscle as a complication of PIV infiltration.

METHODS: case report describing a unique case of a longitudinal tear of the biceps brachii.

RESULTS: magnetic resonance imaging revealed longitudinal tear of the biceps brachii with sparing of the proximal and distal tendons. Nerve conduction studies and electromyography revealed bicipital denervation, most likely due to mechanical compression.

CONCLUSION: we hypothesize that the patient's chronic corticosteroid use predisposed him to muscle injury, as did basilic vein thrombosis caused by PIV infiltration, and this combination of factors led to bicipital rupture. To our knowledge, this is also the first case report to document longitudinal tear of the biceps brachii with sparing of the distal and proximal tendinous insertions of the muscle.

Full Text