



Reviewing the patient’s thoracic computed tomography scan revealed, patient had congenital anomaly and double superior vena cava that explained the abnormal course of left subclavian CVC along the left border of mediastinum” Desai et al (2017).

Abstract:

A 50-year-old male was admitted to Intensive Care Unit with head and chest injury needed multiple central venous catheter (CVC) for the long-term intravenous access. Right internal jugular vein was cannulated uneventfully, and the tip of CVC was confirmed in the chest radiograph along the right border of the mediastinum. After few days, left subclavian vein was cannulated and the procedure was uneventful.

ReTweet if useful... Congenital anomaly results in central venous catheter malposition
<https://ctt.ec/w0i7h+> @ivteam #ivteam

Click To Tweet

However, the postprocedure Chest X-ray showed the CVC along the left border of mediastinum rather than the right border. Possibility of CVC in one of the tributaries of left brachiocephalic vein was thought. Due to uncertainty in position of left CVC, we inserted CVC in right-sided subclavian vein, which was in normal position along the right border of mediastinum. Left subclavian CVC was removed. Reviewing the patient’s thoracic computed tomography scan revealed, patient had congenital anomaly and double superior vena cava

that explained the abnormal course of left subclavian CVC along the left border of mediastinum.

Full Text

Reference:

Desai, S.N., Dasar, S.K. and Mithali, V. (2017) Malposition of the Central Venous Catheter: A Diagnostic Dilemma. Indian Journal of Critical Care Medicine. 21(4), p.235-237.

doi: 10.4103/ijccm.IJCCM_338_14.

Thank you to our partners for supporting IVTEAM

