Abstract:

Femoral venous catheterization is a common procedure in critical care patients. Pregnant women and those in the postpartum period are at risk of various complications such as shock, acute kidney injury, and thrombotic microangiopathic syndromes requiring hemodialysis and plasma exchange, which may necessitate central venous catheterization. Femoral vein catheters may also sometimes be needed. These women may have underlying pelvic congestion and varicosities. Here we present a 24-year-old female patient, who has been treated for postpartum thrombotic microangiopathy with initial clinical improvements, became hemodynamically unstable with diffuse abdominal tenderness and a significant drop in the hemoglobin/hematocrit. Her abdominal ultrasound showed fluid in the peritoneal cavity with hemorrhagic diagnostic tap. The patient underwent exploratory laparotomy which unexpectedly revealed an erroneously introduced femoral vein catheter into a broad ligament varicose vein causing hemoperitoneum and evident ovarian injury. Puncturing of broad ligament varicosities causing hemoperitoneum in peripartum women has not been previously reported as a complication of femoral vein catheterization. This indicates that femoral catheterization in pregnant and peripartum women should be cautiously done and that development of acute abdominal issues, following insertion of femoral vein catheter should raise clinical suspicion and warrant evaluation of catheter misplacement.

Reference: