We present a case of an iatrogenic lymphocutaneous fistula secondary to placement of a tunneled, large bore (14.5 Fr) right-sided internal jugular vein for plasmapheresis to treat antibody-mediated kidney transplant rejection” Quencer et al (2017).

Abstract:

We present a case of an iatrogenic lymphocutaneous fistula secondary to placement of a tunneled, large bore (14.5 Fr) right-sided internal jugular vein for plasmapheresis to treat antibody-mediated kidney transplant rejection. While iatrogenic lymphatic leaks caused by neck and thoracic surgeries are well described in the literature, lymphatic leak or lymphocutaneous fistula resulting from image-guided placement of a central venous catheter through the right internal jugular vein has yet to be described. We also describe the successful percutaneous treatment of this lymphocutaneous fistula using a combination of n-butyl cyanoacrylate glue and embolization coils.

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