The baby developed respiratory distress with persistent hypoxia after TPN was initiated through the PICC line” Kumar et al (2018).

Abstract:

A preterm neonate born at 27 weeks, with a birth weight of 555 g, was on continuous positive airway pressure (CPAP) for apnoea of prematurity and initially received total parenteral nutrition (TPN) through the umbilical venous catheter. Peripherally inserted central catheter (PICC) was inserted in the left basilica vein on day 8 to continue TPN. The baby developed respiratory distress with persistent hypoxia after TPN was initiated through the PICC line. The baby required mechanical ventilation due to worsening of respiratory distress, and chest X-ray, as well as ultrasound conducted 12 hours, postinfusion of TPN revealed right-sided pleural effusion. On careful observation, we could trace the PICC in the right lung area. The PICC line was removed immediately and the baby improved over the next 18 hours and was extubated to CPAP within the next 48 hours. We report this case of contralateral pleural effusion secondary to malposition of PICC line in an extremely preterm neonate.

Reference:
