



This case suggests that clinical physician should be careful to prevent catheter heterotopia in subclavian vein catheterization, and postoperative routine chest X-ray examination is necessary to identify position of the catheter” Huang et al (2019).

Abstract:

One female patient aged 18 years, with severe burns and inhalation injury was admitted to our unit on June 5th, 2013. After admission, the right subclavian vein catheterization was performed for rapid fluid infusion against shock. Escharectomy on both upper extremities was planned to carry out and repaired with medium-thickness skin on right thigh 52 hours after injury. However, after general anesthesia, the right subclavian vein catheter was with poor fluid infusion, and the left subclavian vein catheterization was performed. Supraventricular tachycardia and decreased blood pressure occurred followed by fluid replacement and dilatation, cardiotonics, and diuretics. Postanesthetic 1.3 hours, the patient’s vital signs were stable, and the operation began. Postoperative chest X-ray film showed that distal ends of the left and right subclavian vein catheters were respectively located in the right atrium and the right internal carotid vein, and the catheters were removed immediately. This case suggests that clinical physician should be careful to prevent catheter heterotopia in subclavian vein catheterization, and postoperative routine chest X-ray examination is necessary to identify position of the catheter.

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Reference:

Huang, S.R., Ouyang, R.L. and Zhang, Y. (2019) One case of patient with bilateral ectopic subclavian vein catheterization. *Zhonghua Shao Shang Za Zhi*. 35(4), p.314-315. doi: 10.3760/cma.j.issn.1009-2587.2019.04.013.

