A peripherally inserted central catheter (PICC) was inserted because the patient had poor venous access. Transesophageal echocardiography was done to rule out infective endocarditis. The test showed thrombus attached to the PICC line” Shah et al (2017).

Abstract:

A 42-year-old woman with past medical history of intravenous drug abuse was admitted to hospital with fever and heart murmur. A peripherally inserted central catheter (PICC) was inserted because the patient had poor venous access. Transesophageal echocardiography was done to rule out infective endocarditis. The test showed thrombus attached to the PICC line. Thrombus arising from a catheter is known complication of PICCs.

Classifications of right heart thromboembolism (RHTE) are based on morphology. Type A thrombi are highly mobile and may prolapse through the tricuspid valve. Conversely, type B thrombi are attached to the right atrial or ventricular wall and may originate in association with foreign bodies or in structurally abnormal chambers. RHTEs are associated with pulmonary embolism in approximately 4%-6% of cases and increase the 3-month mortality rate from 16% to 29%. On echocardiography, partial dissection of the superior vena cava
(SVC) was also noted. This is a very rare complication of PICC. To the best of our knowledge this is the first reported case of PICC-induced thrombosis with partial dissection of SVC. The PICC line was removed and echocardiography postremoval did not show any thrombus. The patient remained asymptomatic without any signs of hemodynamically significant pulmonary embolism. SVC dissection was also managed conservatively. Use of central venous catheters in clinical practice is increasing but it is not a benign procedure. It may be associated with serious complications.

Reference:


DOI: http://dx.doi.org/10.1016/j.java.2016.09.001

Thank you to our partners for supporting IVTEAM