Position-dependent VT related to PICC requires careful history taking and PICC repositioning to make the diagnosis. X-ray in different patient positions during PICC placement can be considered to evaluate for ventricular migration" Alvarez et al (2016).

Abstract:

We report a case of a 51-year-old male who developed frequent nonsustained episodes of monomorphic ventricular tachycardia after being diagnosed with bioprosthetic aortic valve endocarditis and treated with intravenous antibiotics. A peripherally inserted central venous catheter (PICC) had been placed without complication less than 24 hours prior to the episodes.

ReTweet if useful… Position-dependent VT related to PICC tip location http://ctt.ec/NIAjc+ @ivteam #ivteam

Click To Tweet

Ventricular tachycardia (VT) occurred during the night, while sleeping, when he assumed a right lateral decubitus position with abduction of the right arm and placement of the forearm under his head. VT occurred repeatedly when such position was assumed again upon request, and it would terminate immediately when sitting upright. The PICC was repositioned in the superior vena cava without further VT. He was discharged home the same day and underwent successful aortic valve replacement 2 months later. Position-dependent VT related to PICC requires careful history taking and PICC repositioning to make the diagnosis. X-ray in different patient positions during PICC placement can be considered to evaluate for ventricular migration.

Reference:

Alvarez, P., Schurmann, P., Smith, M., Valderrábano, M. and Lin, C.H. (2016) Position-Dependent Ventricular Tachycardia Related to Peripherally Inserted Central Venous Catheter. Methodist DeBakey Cardiovascular Journal. 12(3), p.177-178.

DOI: 10.2214/AJR.16.16540

Thank you to our partners for supporting IVTEAM