Placement was performed under ultrasound guidance, with confirmation of the wire within the venous lumen. Radiographs suggested that the introducer had perforated the innominate vein. Contrast was injected through the single-lumen infusion catheter and showed cannulation of the left internal mammary vein” (Tashjian et al. 2019).

Abstract:
We present a central venous catheter misplacement case. A left internal jugular vein percutaneous introducer was inserted for fluid resuscitation with a single-lumen infusion catheter placed through the lumen for medication infusions. Placement was performed under ultrasound guidance, with confirmation of the wire within the venous lumen. Radiographs suggested that the introducer had perforated the innominate vein. Contrast was injected through the single-lumen infusion catheter and showed cannulation of the left internal mammary vein. The link between portal hypertension and increased risk of central line misplacement as well as diagnosis and potential methods to avoid this rare complication are discussed.
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