Hence, plan to cannulate CV was abandoned, and USG-guided peripheral venous access with 22-gauge 80 mm polyethylene pediatric catheter (Leadercath, Vygon) was obtained in median cubital vein. He remained on IV antibiotics and nebulization therapy for 3 days in ICU, to which he responded well and discharged to home after 5 days” Bihani, et al (2017).

Extract:
“In view of difficult peripheral venous access due to the presence of severe contracture in all the four limbs, CV cannulation in the right jugular vein was planned. An ultrasonography (USG) examination (GE Healthcare, USA) was done before attempting cannulation. In short-axis view of ultrasound, the jugular veins were easily identified on both sides, but on tracing it further down in long-axis view showed near total obstruction of lumen due to thrombus and fibrosis . Ultrasound subclavian veins also revealed the presence of thrombus.

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