A postoperative puzzle

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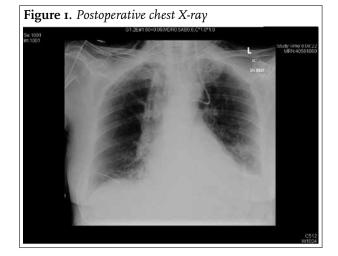
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CASE REPORT

A 73-year-old woman was admitted to the intensive care unit (ICU) after surgery for an adenocarcinoma of the oesophagus. A routine postoperative chest radiograph revealed an unusual finding (figure 1).

WHAT IS YOUR DIAGNOSIS?

See page 195 for the answer to this photo quiz.



Zeerleder. Diagnosis and treatment of autoimmune haemolytic anaemia.

A POSTOPERATIVE PUZZLE

DIAGNOSIS

An aberrant location of a central venous catheter is observed in approximately 5 to 10% of all procedures.¹ The majority of malpositions concern the descending aorta, a persistent left superior vena cava or one of the local smaller veins (e.g., the left internal thoracic vein, the cardiophrenic vein or the left superior intercostal vein).² Among the more serious complications of malpositioning are hydromediastinum after perforation of a small

Figure 2. Chest X-ray showing central venous catheter in left superior intercostal vein (arrow)



vein and pericardial tamponade due to a lesion of the pericardiophrenic vein. Extravascular (e.g. mediastinal, pericardial or pleural) positioning of the venous catheter has also been described.³ Extravascular malpositions are excluded in the presence of smooth aspiration of blood through all lumina. Additionally, diagnostic procedures such as a chest radiography, administration of intravenous contrast, blood gas analysis, and assessment of the venous pressure, can clarify the situation. In the present case the malposition, in a superior intercostal vein (*figure 2*), did not have consequences.

ACKNOWLEDGEMENT

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