
IMAGES

Hydrothorax after central venous catheterization

FRANCISCO RODRÍGUEZ CABO¹, MARÍA DE LORETO GÓMEZ-MARTÍNEZ²,
LEANDRO DE LA SIERRA MATILLA³, MARÍA TERESA BLÁZQUEZ GARCÍA¹

¹Servicio de Emergencias Sanitarias de Castilla y León, SACYL. ²Servicio de Anestesiología y Reanimación.

³Servicio de Radiología. Hospital Río Hortega de Valladolid, Spain.

A 43-year-old woman presented dyspnoea, tachycardia and absence of right hemithorax vesicular murmur after catheterization of the right internal jugular vein for fluid therapy. Chest radiography showed right pleural leakage, and the catheter tip was visible in the pleural cavity. Suspected diagnosis was of microthorax due to catheter misplacement and extravasation of the infused liquid. Pleural drainage allowed the extraction of 1,500 ml saline solution.

Complications during central venous catheterization are not unusual. Radiological control after this procedure is important, although correct catheter tip placement, as in this image, does not exclude the possibility of later tip migration. In addition, blood reflux via the catheter on venous canalization is not always a sign of correct placement, especially in cases of haemothorax. When the catheter tip is suspected to have migrated to the pleural cavity, the catheter should be withdrawn and the infused liquid drained.

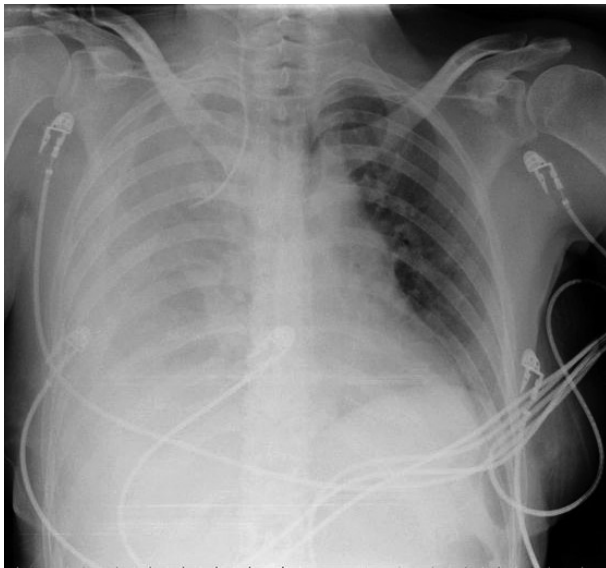


Figure 1. Hydrothorax. The catheter tip in the pleural cavity.

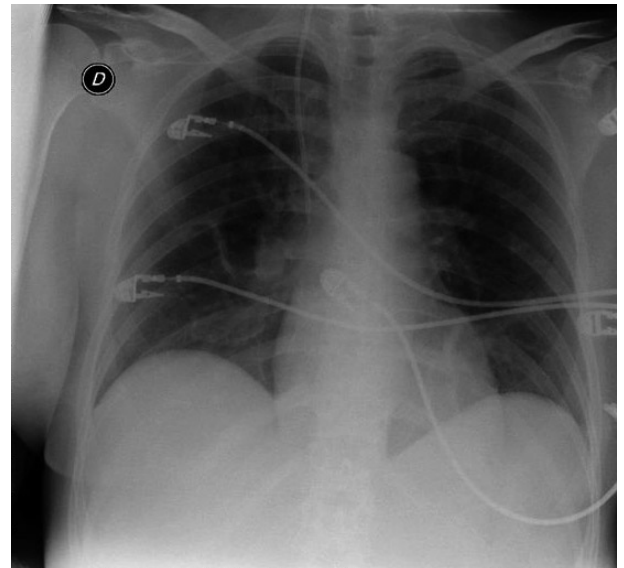


Figure 2. Image after hydrothorax drainage and re-insertion of the catheter tip in the superior cava vein.

CORRESPONDENCE:

Francisco Rodríguez Cabo. Camino a Arroyo, 27. 47610 Zaratán. Valladolid, Spain. E-mail: drcabo@hotmail.com

DATE OF RECEIPT: 21-4-2008

DATE OF ACCEPTANCE: 23-4-2008