

AB223. SOH21AS253. The misguided catheter: a case report

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Abstract: Critically ill patients in an intensive care unit (ICU) require venous catheters to maintain and monitor their physiology. Peripherally inserted central catheter (PICC) and central venous catheters (CVC) are placed by experienced physicians using a standardised Seldinger technique in an aseptic environment, they are also associated with a myriad of complications. It is standard practice to confirm the position of catheters and assess for complications on a chest x-ray (CXR) before use. Here we present a case where the position of a previously sited right sided PICC was altered by the insertion of a left internal jugular CVC. A 64-year-old gentleman 3 days post laparoscopic Hartmann's procedure for perforated diverticular disease developed type 1 respiratory failure requiring ICU admission. His respiratory deterioration resulted from a combination of post-operative ileus, hospital acquired pneumonia, para-pneumonic effusion and PCR confirmed COVID-19 infection (Image1). He required intubation and placement of a left sided CVC. A post-procedural CXR revealed drastic displacement of his right sided PICC, the tip now residing in the left brachiocephalic vein. We hypothesised that while a standardised approach and sequence was followed: the blunted, 'hook-like'

guidewire was the culprit in the dislodgement of the previously sited PICC. Curiously the PICC spontaneously returned to its optimal position in the SVC without intervention. This case illustrates an unusual and interesting complication of CVC insertion despite standardised technique and safety precautions.

Keywords: Catheter, central, malposition, complication

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Footnote

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