

Intraspinal Malpositioned Central Venous Catheter

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Central venous catheters have a long and varied history of successful use. Integral to modern critical care, these vascular access devices serve as a means for the administration of dextrose and nutritional solutions, medications, colloid, and blood products. In addition, hemodynamic monitoring can be performed through larger Central venous catheters. Previously recommended for patient requiring long-term treatment, current literature supports the use of central venous catheters for short- to long-term treatment, for therapies that produce damage to the peripheral veins and tissue for patients with limited peripheral venous access. Among the complications linked to catheter malposition, thrombosis, phlebitis, venous perforation, dysrhythmias, and pleural

and pericardial effusions have been reported with varying frequency. Neurologic complications associated with intraspinal central venous catheters malpositioning are rare, yet are increasingly reported. Catheter migration or movement occurring during the period of catheter dwell has also been linked to neurologic symptoms. We report a 52 year old man, followed for adenocarcinoma metastatic lungwort, for 2 month A complement to chemotherapy was planned, he has benefited for a tunneled central catheter, immediately he presented cervicobrachial neuralgias, a cervical and thoracic spine CT scan showed Intraspinal Malpositioned Catheter (Figure 1), then we removed the catheter, with regression of the cervicobrachial neuralgias.

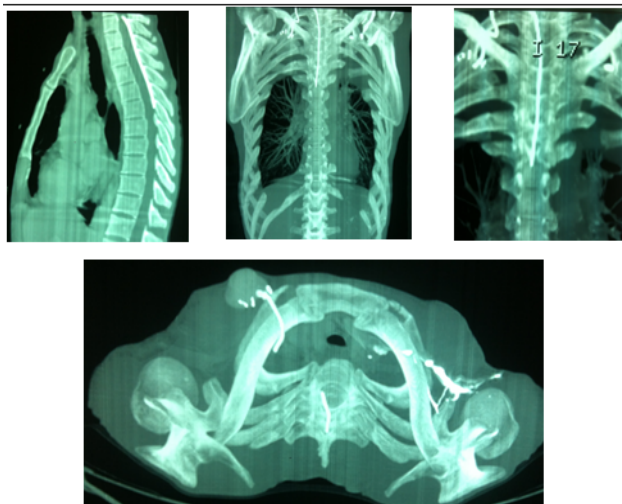


Figure 1: Cervical and thoracic spine CT scan showed Intraspinal Malpositioned Catheter.

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