Clinical Vignette

A Misplaced Temporary Hemodialysis Catheter

Kai-Chung Tse, Tak-Mao Chan, Kar-Neng Lai
Department of Medicine, Queen Mary Hospital, University of Hong Kong, Pokfulam, Hong Kong.

A 50-year-old female with end stage renal failure due to focal segmental glomerulosclerosis on regular hemodialysis was found to have acute thrombosis of her right forearm arteriovenous fistula. A double lumen catheter was inserted at the bedside through a single puncture in the right internal jugular vein for temporary hemodialysis. During insertion of the catheter, the patient noted a vague discomfort over the shoulder with mild resistance on passage of the guide wire. The procedure was otherwise uneventful and no resistance was noted on aspiration of blood or flushing of the catheter ports. Postprocedural chest radiograph (CXR), however, showed malposition of the catheter tip in the right axillary vein (Panel A), and it was therefore urgently removed.

Malposition is a known complication of temporary hemodialysis catheter insertion, which occurs in approximately 1% to 14% of catheter placements. Common sites are in the axillary vein or right atrium [1–3]. Although the value of routine postprocedural CXR has been questioned [2], it remains important for the detection of complications such as malposition of catheter tips, especially for insertion attempts that are not considered to be entirely smooth by the attending doctor [3].

REFERENCES