



An Aberrant Crossover Path of Right Subclavian Venous Catheter

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Clinical image description

Central venous access in an intensive care unit is indicated for venous access, parenteral nourishment, inotrope infusion and blood transfusions. Central venous access can be obtained in multiple veins like the internal jugular, subclavian and femoral vein. It can be obtained via either ultrasound-guided or landmark-guided approach. Infection, catheter malpositioning, venous perforation, arterial puncture, hemothorax and pneumothorax are some of the associated complications.

A 58 years old lady who was diagnosed with acute respiratory distress syndrome was admitted to the intensive care unit for past eight days. A Central venous catheter was indicated because of the unavailability of peripheral venous access. Written informed consent was obtained and all risks were explained to the attendants. After sterile painting and draping, right subclavian vein was accessed using landmark guided method. A triple lumen central venous catheter was advanced via seldinger technique. The catheter could not be advanced after the 10cm mark. The guidewire was removed and catheter was checked for



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backflow of venous blood. Backflow was present in two (proximal and distal) of the three ports (proximal, medial and distal). Catheter was fixed and a chest X-ray AP view was ordered for the patient to check for the location of catheter. Chest X-ray revealed the catheter travelling from right subclavian vein to left internal jugular vein. Vital parameters were stable, therefore, the catheter was left in place. The patient received IV fluids, IV drugs and infusions through the catheter. No post procedural complications were reported.

A routine practice of ordering post-procedural Chest X-ray helps to identify complications and aberrancies.

Consent for publication

The patient has consented to the submission of the case report for submission to the journal.

All the authors have contributed equally to the manuscript. The manuscript has been read and approved by all the authors, that the requirements for authorship have been met, and that each author believes that the manuscript represents honest work.

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Figure 1: Chest X-ray AP view showing right subclavian venous reaching left internal jugular vein.