Journal of Clinical Monitoring and Computing Can Chest x ray confirm the right position of the central venous catheter? --Manuscript Draft--

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Abstract:	The placement of CVC is a routine procedure performed in critical patients. There are many methods in distinguishing arterial from venous puncture. Herein we present a case in which inadvertent arterial placement is not recognized from chest x ray(CXR) and demonstrates CXR is never an ideal tool in differentiating between arterial and venous placement.

Can Chest x ray confirm the right position of the central venous catheter? Chia-Wei Lin, Chun-Kai Tseng

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I read with the great interest the article by Umesh et al. [1] on utilizing carina as a radiological landmark for detection of accidental arterial placement of a central venous catheter(CVC). The article demonstrates chest x ray(CXR) is a simple and convenient tool in distinguishing arterial from venous placement. However, it doesn't work in our patient. I wish to report a case in our emergency department.

A 87-year-old woman was referred to our hospital under the impression of septic shock. CVC was inserted from left neck area and inadvertent internal jugular artery placement was confirmed by the blood gas test thereafter. Pig tail catheter was inserted for left pneumothorax. Another CVC was placed in the right subclavian vein via the infraclavicular approach. CXR showed the two CVC tip, both in the same position(Figure 1). Chest computer tomography revealed one CVC in the superior vena cava and the other in the ascending aorta(Figure 2). Her disease deteriorated and she was discharged under critical condition on the 3th day of admission.





The placement of CVC is a routine procedure which usually performed in critical ill patients. Arterial puncture, hematoma, and pneumothorax are the most common mechanical complications during the insertion of central venous catheters. The use of blood flow and color criteria were not always reliable in detecting arterial puncture[2]. Even drawing the blood gas from the CVC and compared to a distant arterial sample provides limited information. Identification by transducing and viewing the waveform is most precise. CXR is never a dependable tool in distinguishing arterial from venous placement.

Reference:

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