

A Nightmare of a Nurse: Half of an Intravenous Catheter as a Foreign Body in an Arm Vein

Bir Hemşirenin Kâbusu: Bir Yabancı Cisim Olarak Kol Veninde Bir İntavenöz Kateterin Yarısı

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Received: 12.02.2020; Accepted: 04.04.2020

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How to cite: Talay S, Özcan İC, Aydın F. A nightmare of a nurse: half of an intravenous catheter as a foreign body in an arm vein. Ahi Evran Med J. 2020;4(1):27-28.

To the editor;

A 33-year-old male patient presented with a venous catheter left inside his left arm after an attempt to remove the catheter by a nurse. This arm vein was catheterized for a computerized tomography (CT) screening. No active bleeding was observed and a tubular foreign body was palpable on the anterior surface of the cubital fossa (Figure 1)



Figure 1. Preoperative appearance of the arm.

Ultrasonographic examination of the arm revealed half of a catheter in the antecubital vein. Laboratory tests showed no abnormalities including the cardiac panel. Peripheral arterial pulses were palpable. The chest CT scan and echocardiogram were within normal limit. Following preoperative preparation, the patient was undertaken to surgery under local anaesthesia. Surgical skin incision was made over and along the vein. Foreign body was totally excised after venotomy. (Figure 2a-b).



Figure 2: a. Intraoperative appearance of the foreign body b. Removed foreign body.

Early postoperative clinical follow up was uneventful and the patient discharged without complication. Informed consent was received from the patient.

Foreign bodies in the venous system have a risk of migrating. A cardiac and/or pulmonary embolization may result with severe morbidity or mortality^{1,2}. Thus, a detection of a foreign body in any vein require immediate excision. Excisions may include percutaneous interventions³ and direct surgical approaches. The latter technique may not always be practical.

A delay in surgery may result with a rapid foreign body migration to right chambers of heart and lungs. Such a migration may complicate these cases and an open-heart surgery may be the next necessary step to solve the issue. A physical examination, medical history and ultrasonographic evidence of foreign body are essential for early diagnosis and intervention.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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