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Genital oedema associated with femoral central venous access in a premature baby

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DESCRIPTION

A female infant was born at 24+4 weeks' gestation weighing 600 g. She had a complicated course and suffered from several septic episodes that repeatedly made removal of indwelling central accesses necessary. She developed necrotising enterocolitis (NEC) at age 35 days and had a laparotomy with formation of an ileostomy. At day 98, her bowel was rejoined and the stoma closed but establishing enteral feeds remained difficult. At corrected gestational age 42+6 weeks she deteriorated again with a second episode of severe NEC affecting the whole small and large bowel. She went for laparotomy and during the operation a 22G×31 mm cannula was inserted into the right femoral vein to provide provisional central venous access. Five days after the operation she suddenly developed a massive oedematous swelling of her clitoris and predominantly the left labia

minora (figure 1). Her legs remained unswollen, pink and warm without any signs of deep vein thrombosis (DVT) or infection. Palpation appeared to be painless. There was no indication of high abdominal pressure or massive ascites. Over the next 30 h the swelling slightly varied in size and the baby otherwise remained well. The following day the line had to be removed due to bleeding at the puncture site. Within the next 3 h the genital oedema disappeared completely.

We hypothesise that femoral catheters, even in the absence of DVT, can slow down venous drainage and, thereby, cause severe localised oedema.

Competing interests None.**Patient consent** Obtained.

Figure 1 Significant genital oedema with indwelling femoral venous catheter.

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