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Spontaneous Hickman line migration

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DESCRIPTION

Spontaneous migration of subclavian Hickman lines is a recognised, albeit uncommon, complication of long-term central venous access (figure 1).^{1 2} These images show the chest radiographs of a 56-year-old gentleman with mantle cell lymphoma and mediastinal lymphadenopathy immediately following placement in preparation for outpatient chemotherapy and then again at 1 month. Ideally, the catheter should lie with the superior vena cava to minimise the

risk of complications and it should normally be seen at the level of the carina in adults on a chest radiograph.

They demonstrate that the catheter had migrated spontaneously into the ipsilateral internal jugular vein (figure 2). Risk factors for migration are thought to include catheter material characteristics, high intrathoracic pressures during physiotherapy and coughing and mediastinal lymphadenopathy. Once sited within the proximal internal jugular, the catheter is at a higher risk of a thrombosis and should

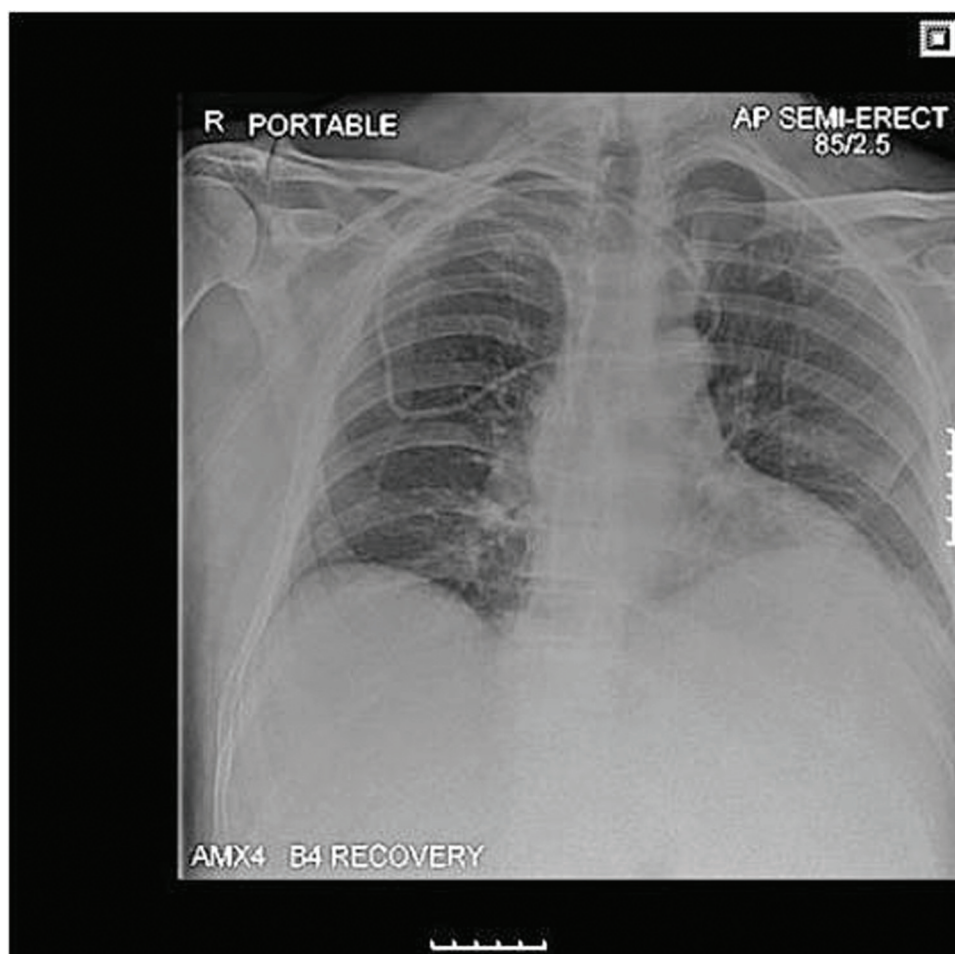


Figure 1 Right subclavian Hickman line immediately following placement.

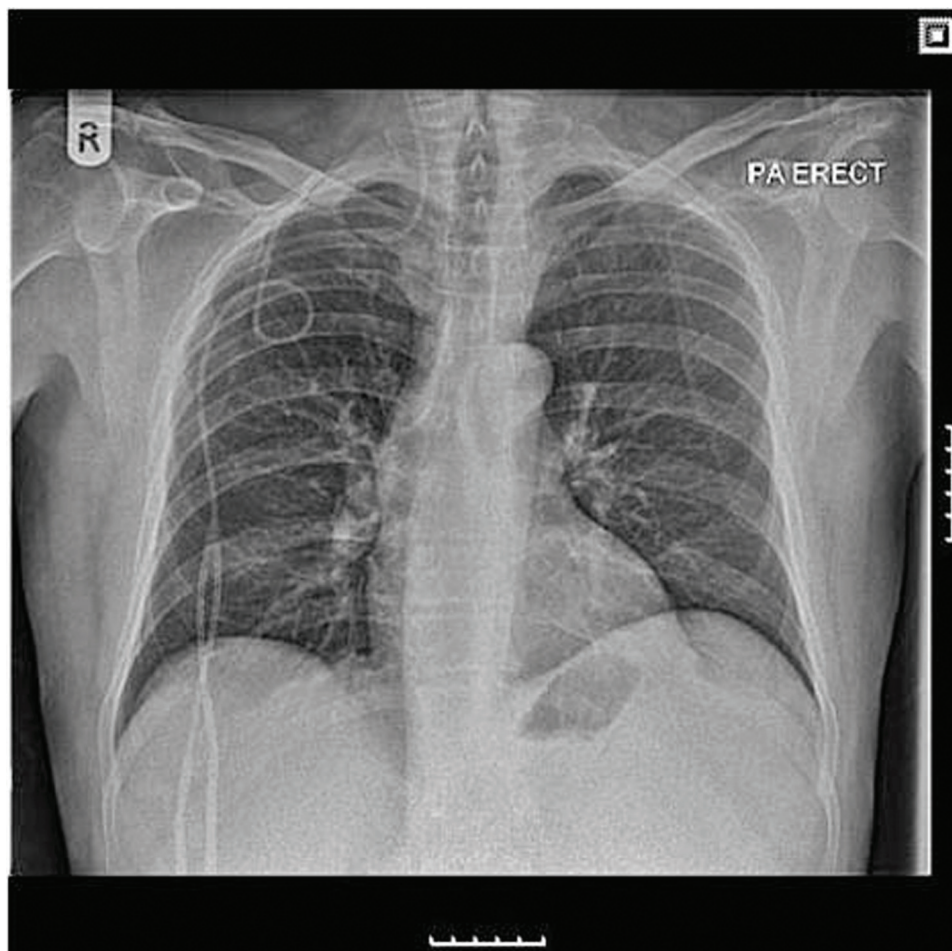


Figure 2 Chest x-ray demonstrating migration into the ipsilateral jugular vein at 1 month.

not be used for administration of chemotherapeutics just caudal to the jugular bulb.

Careful surveillance is recommended and the line was removed and re-sited without sequelae.

Competing interests None.

Patient consent Obtained.

REFERENCES

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2. **Collin GR**, Ahmadijeh AS, Misse E. Spontaneous migration of subcutaneous central venous catheters. *Am Surg* 1997;**63**:322–6.

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