Peripherally inserted central catheter (PICC) placement: beware of the bends

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DESCRIPTION

The peripherally inserted central catheter (PICC) is used as a long-term vascular access to deliver medications and venous nutrition. The PICC tip terminates close to the heart or in one of the great vessels—the superior vena cava or the inferior vena cava. Catheter tip confirmation is usually achieved by plain radiography. We describe a case of a 9-month-old boy with complex congenital heart disease (heterotaxy syndrome, polysplenia type) who underwent pulmonary artery banding to reduce pulmonary blood flow to control heart failure symptoms. PICC was placed in the left femoral vein during the postoperative period. PICC tip confirmation was obtained by anteroposterior plain abdominal radiograph (figure 1), which demonstrated catheter tip bending at T12. The lateral radiograph of the abdomen showed that the PICC courses posteriorly into the lumbar venous plexus (figure 2).

The peripherally inserted central catheter (PICC) tip confirmation is usually achieved by plain radiography. The presentation of aberrant PICC placement is varied and diagnosis can be delayed by several days. The inadvertent PICC placement in the lumbar veins may result in temporary (fluid/air in spinal canal) or permanent complications (neurogenic bladder or flaccid paraplegia). The lateral plain abdominal radiograph may be considered for additional confirmation when the PICC tip lies in the inferior vena cava but does not advance to T8–T10, or takes an unexpected course (bends, curls).

Learning points

- Peripherally inserted central catheter (PICC) tip confirmation is usually achieved by plain radiography.
- The presentation of aberrant PICC placement is varied and diagnosis can be delayed by several days.
- The inadvertent PICC placement in the lumbar veins may result in temporary (fluid/air in spinal canal) or permanent complications (neurogenic bladder or flaccid paraplegia).
- The lateral plain abdominal radiograph may be considered for additional confirmation when the PICC tip lies in the inferior vena cava but does not advance to T8–T10, or takes an unexpected course (bends, curls).

Contributors

AB: literature search, figures, data collection, analysis, data interpretation, writing. KB: figures, data collection, analysis, data interpretation. VA: data collection, analysis, data interpretation, writing.

Funding

The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.
Competing interests None declared.

Patient consent Parental/guardian consent obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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