

Vasospasm associated to Peripherally Inserted Central Catheter (PICC): what is the outcome?

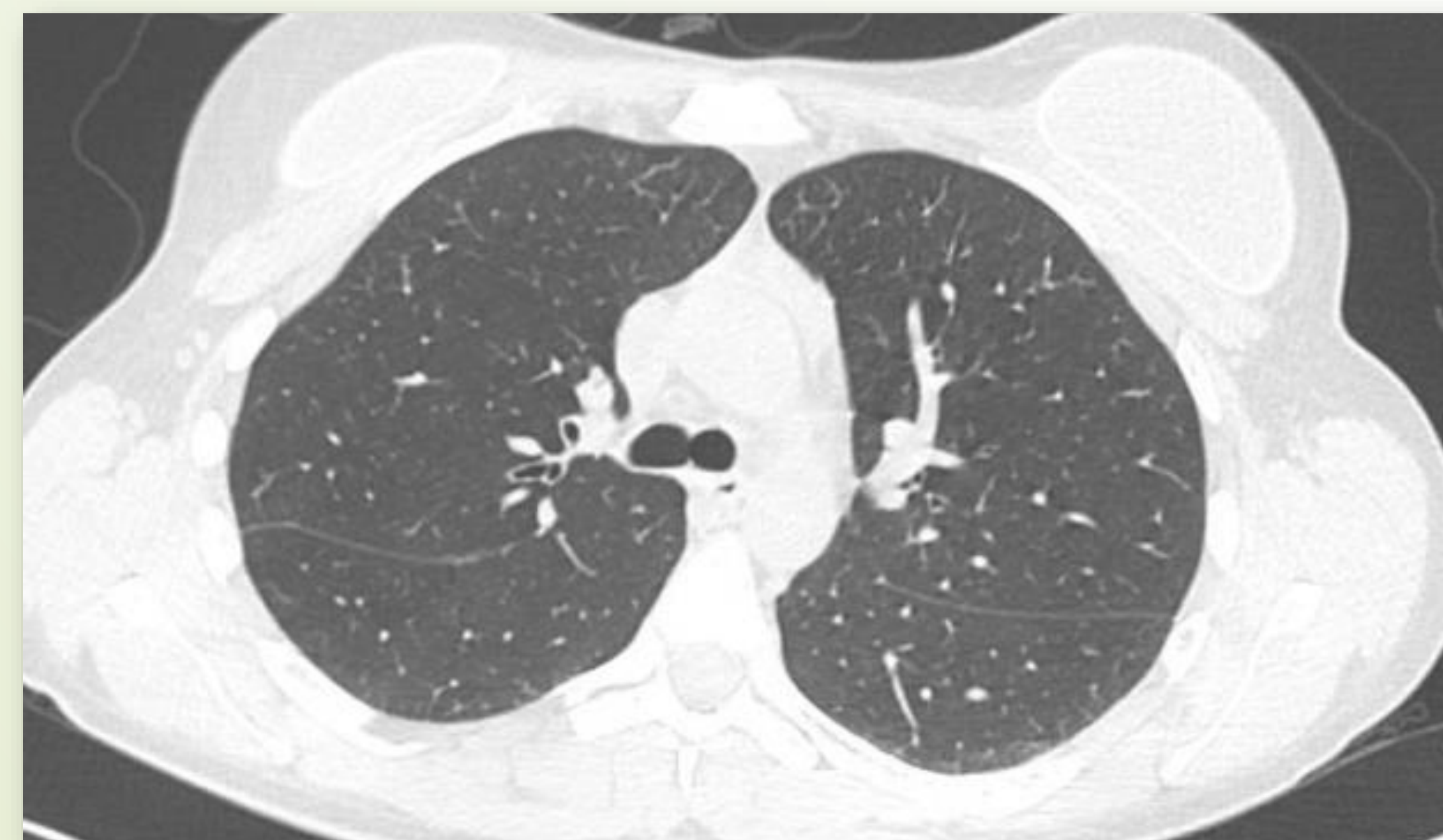
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➤ Context:

- PICC has been diffused among venous access devices;
- Studies have shown that the teams of nurses dedicated to vascular access have contributed to reduce complications;
- The maintenance of patency until the end of intravenous therapy is important.

➤ Methods:

- This is a case report of a patient who presented vasospasm/pinch off during withdrawal of PICC.



➤ Results:

- A 32-year-old female patient with a diagnosis of metastatic lung adenocarcinoma for lymph nodes performed a **PICC 4 Fr POWER PICC BD® monolumen** in the basilic vein of the left upper limb with the use localization technology for the administration of chemotherapy.
- Five months after insertion of the catheter, the patient returns to the hospital for periodic examination and removal of the catheter.
- **During the removal of the catheter there was difficulty**, a warm compress was performed at the site, and the removal of the catheter occurred without intercurrents, which it was intact.
- **In PET CT scan after one week, a fragment of central venous catheter was identified in the bifurcation with the left pulmonary artery**, the patient was hospitalized for the removal of the possible fragment, and a chest tomography with the same fragment diagnosis was performed.

➤ Conclusion:

- During the hospitalization period, she underwent cardiac catheterization, but no catheter fragment was found.
- The high infusion catheter is associated with a low risk of complications, **and in the case reported there was no catheter fragment found during the examination, the probable outcome for CT PET finding was fibrin.**