

PERSISTENT LEFT SUPERIOR VENA CAVA: ACCIDENTAL FINDING DURING THE INSERTION OF A PERIPHERAL INSERTION CENTRAL CATHETER.

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INTRODUCTION

Persistent Left Superior Vena Cava (PLSVC) is a congenital anomaly present in 0.3-0.5% of the population.

Detection of PLSVC can be a chance finding during peripherally inserted central catheter (PICC) insertion.

Intracavitary electrocardiogram (IC-EKG) determines the catheter tip location and indicate anomalous position in the presence of PLSVC.

In 2023, 503 PICCs were canalized at Fundación Jiménez Díaz, 39.6% on the left, finding 2 (0.4%)

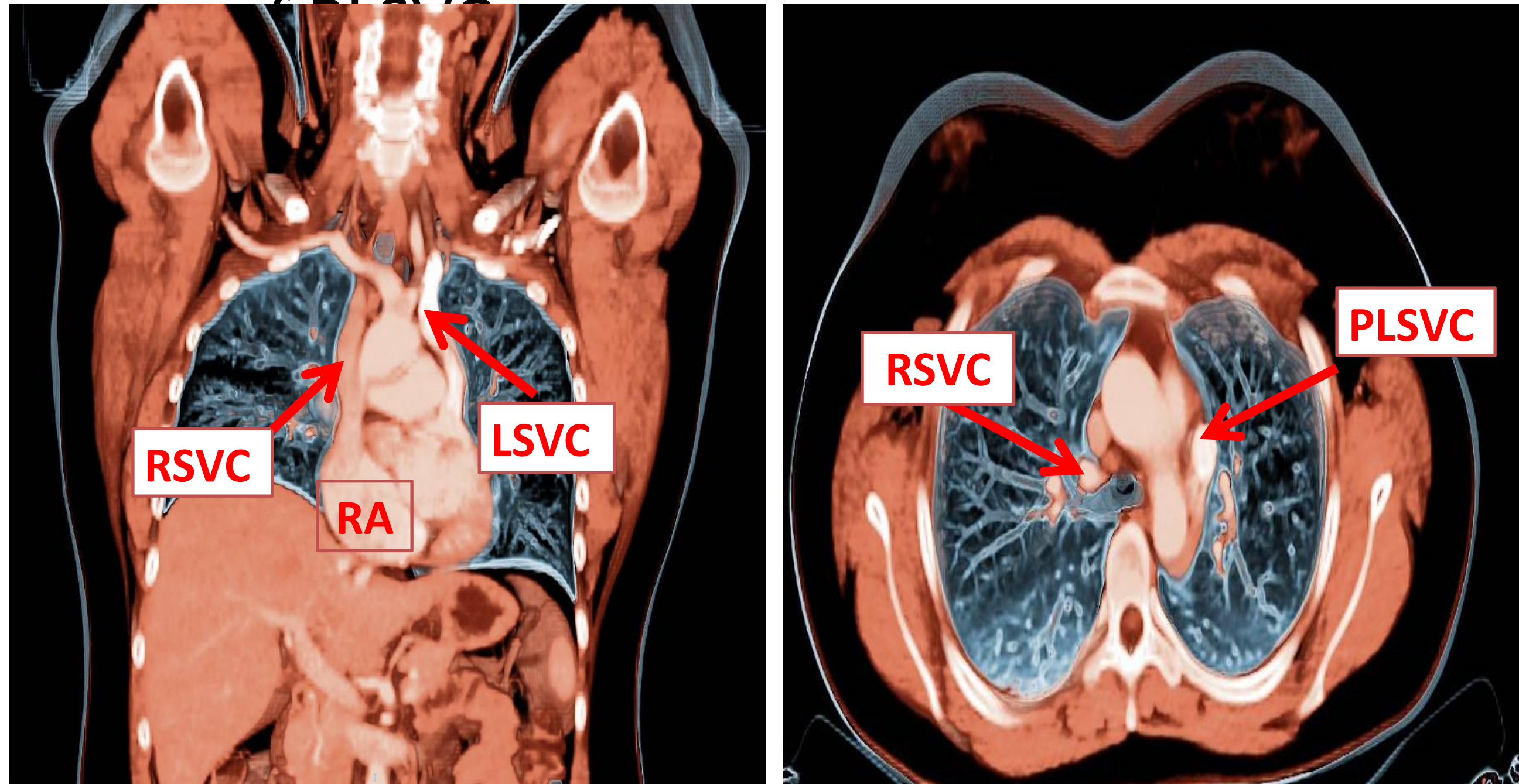


Figure 1: TOMOGRAPHY (TAC) SUPERIOR VEIN CAVA (RSVC) PERSISTENT LEFT SUPERIOR VEIN CAVA

Figure 2: TOMOGRAPHY (TAC AXIAL) PERSISTENT LEFT SUPERIOR VEIN CAVA

AIM

Describe the process of inserting the PICC into the PLSVC bearer.

METHOD

PATIENT 1

- FEMALE
- 21 YEARS OLD
- LYMPHOMA
- CHEMOTHERAPY

PATIENT 2

- MALE
- 59 YEARS OLD
- UPPER GASTRIC BLEDDING
- PARENTERALNUTRITION

LEFT PICC

- SHORT LENGTH PICC
- EKC-IC:
- NEGATIVE “P” WAVE
- NO TRANSITION “P WAVE CHANGES”
- TOMOGRAPHY (TAC)

RESULTS:

PATIENT 1



Fig.3: CHEST X-RAY

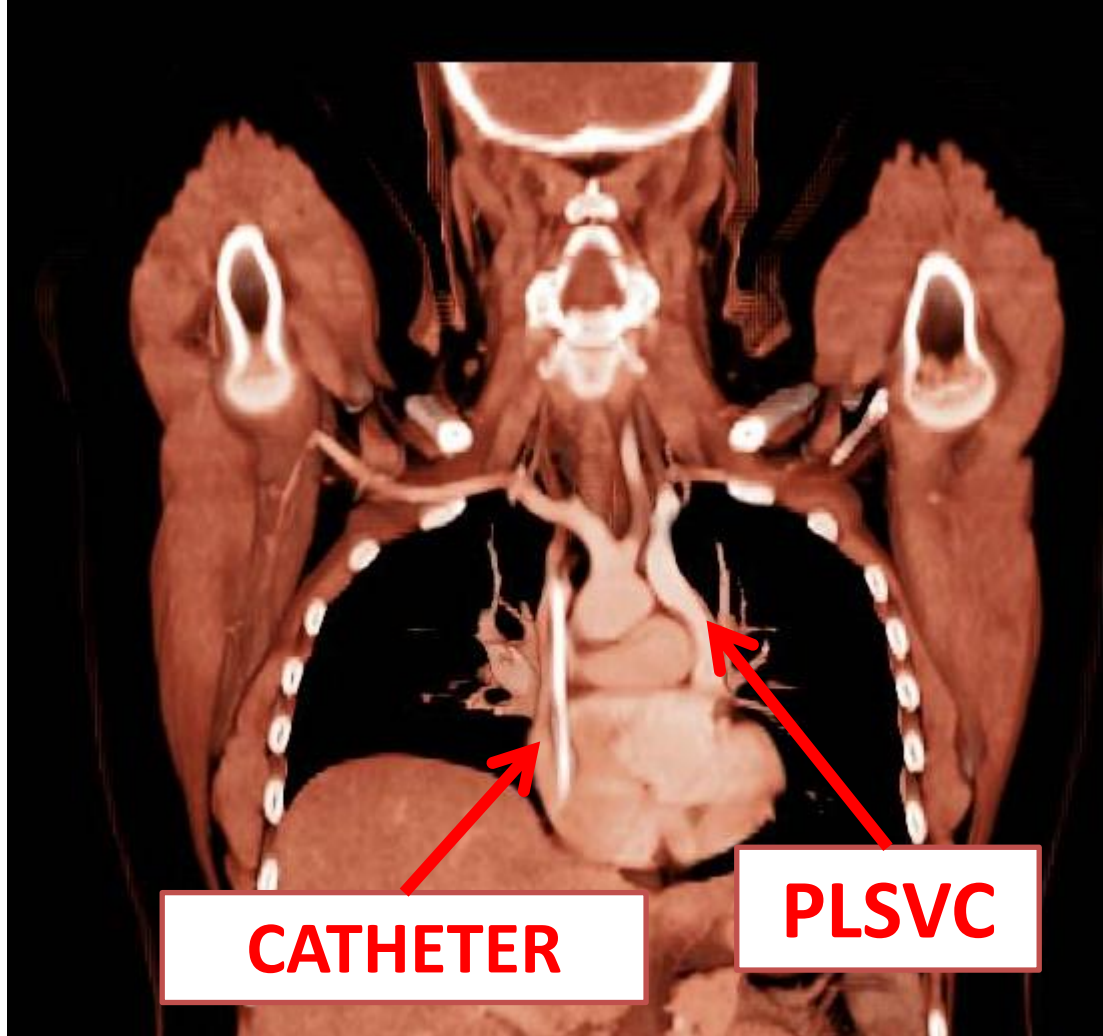


Fig.4: CHEST PORT BY RSVC

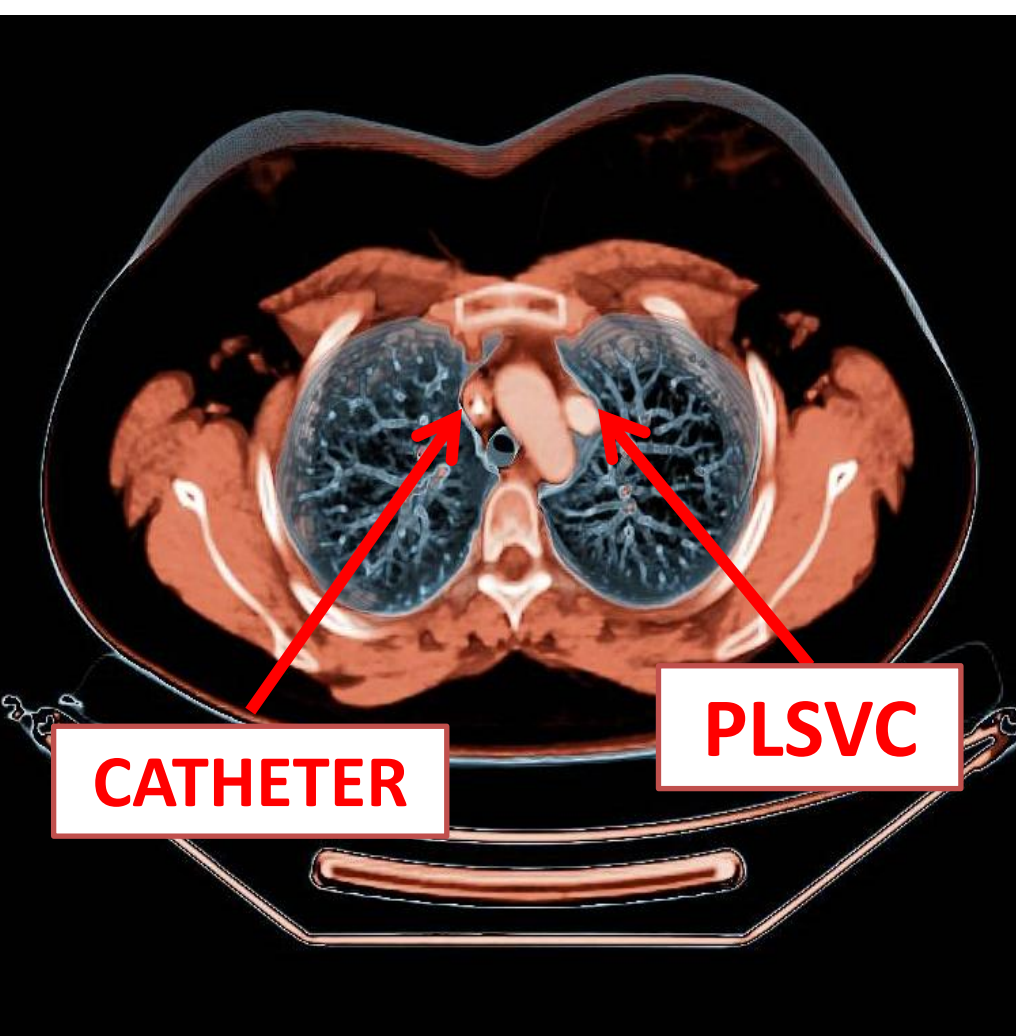


Fig.5: TAC AXIAL. CHEST PORT



Fig.6: EKG-IC BY PLSVC WITHOUT TRANSITION IN P WAVE

PATIENT 2

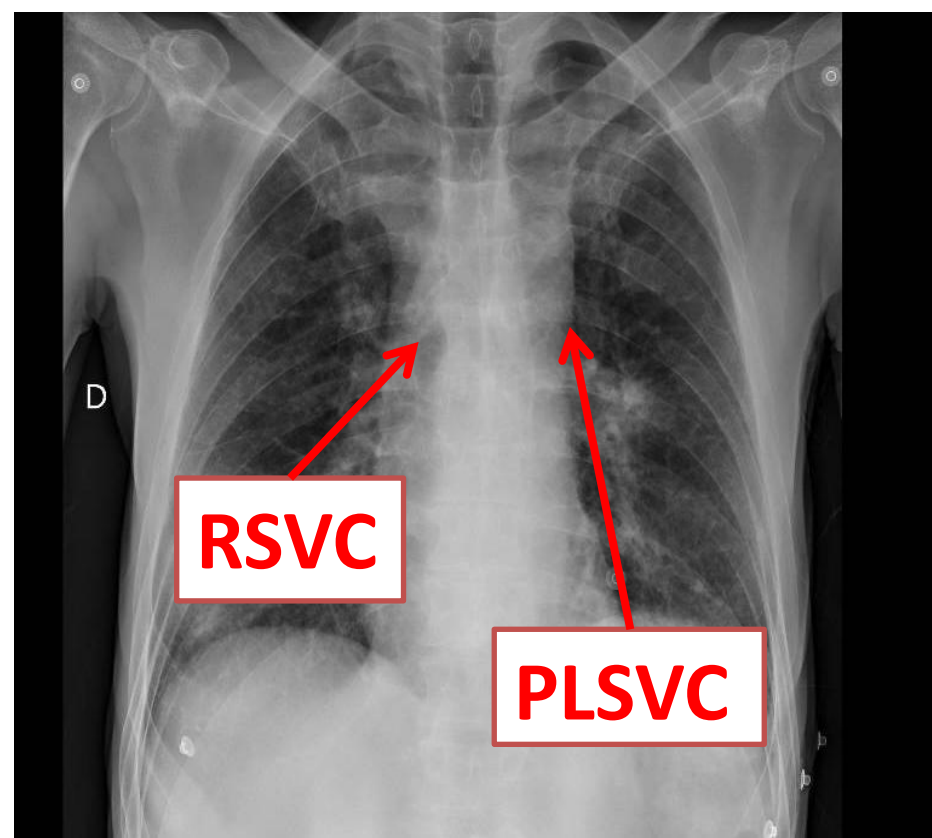


Fig.5: CHEST X-RAY



Fig.6: PICC BY PLSVC

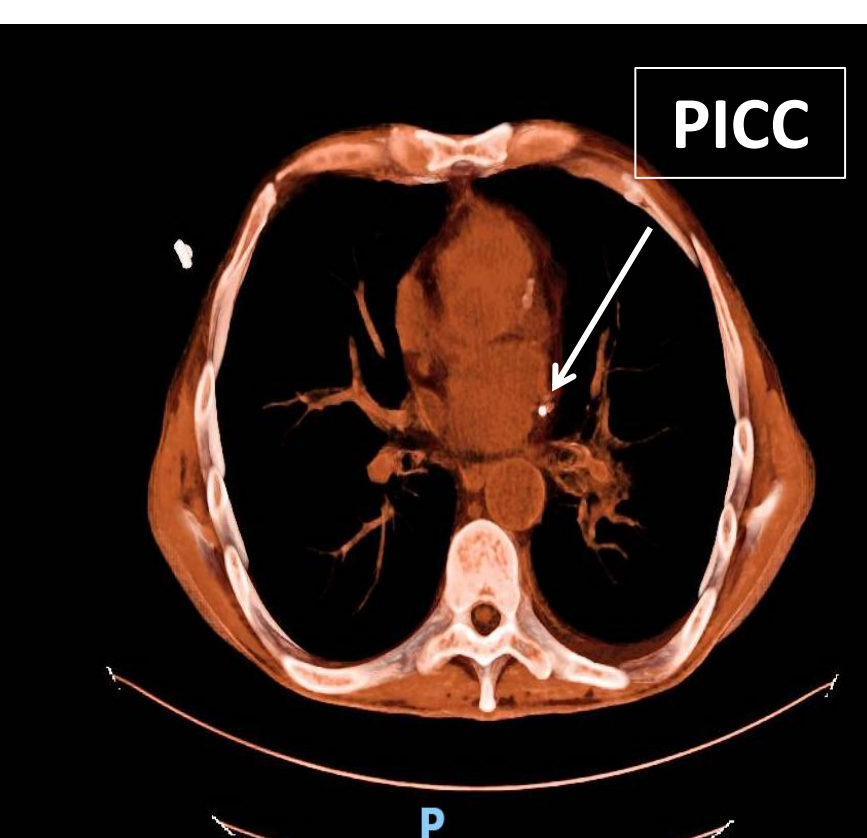


Fig.7: PICC Y PLSVC (AXIAL)

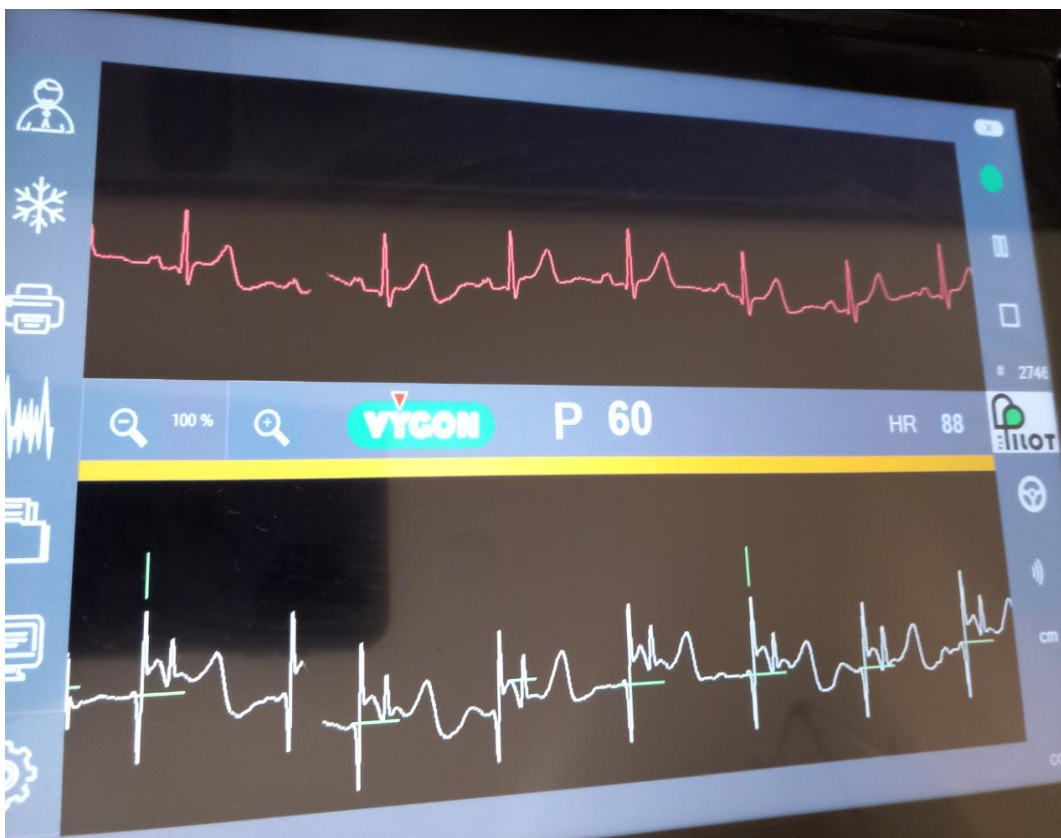


Fig.8: EKG-IC BY PLSVC



Fig.9: EKG-IC BY RSVC

CONCLUSIONS

- ☐ Planning for the insertion of PICC includes evaluating ultrasound, type and time of treatment, medical history **without forgetting to review imagen tests**
- ☐ Recognition of PLSVC is important to select the catheter puncture site in order to avoid complications in the insertion a central line.
- ☐ The IC-EKG showed changes that indicated improper positionof the tip and PLSVC should be considered of.

BIBLIOGRAPHY

