

Introduction

-The **fibroblastic sleeve (FS)** describes the **connective tissue** that envelops the **vascular access device (VAD)** and its **intravascular tract** that **can develop very quickly** after its insertion¹.

-Despite being an often **harmless finding**, it is also associated with VAD malfunction due to occlusion. It's a **frequent** phenomenon but its description *in vivo* during ultrasound is uncommon and may be confused with a thrombotic event.

-In this case, we present a **fibroblastic sleeve recorded** during ultrasound guidance for a **central insertion central catheter (CICC)**.

Case Presentation

-**Male** patient;

-29 years;

-**Diagnosed** with **acute myeloid leukemia** in May of 2022;

-**CICC** placement (**right axillary vein**) during **initial hospitalization** that was removed in the end of May;

-**3 months later** he was admitted in our hospital for another **CICC placement**;



Figure 1 – Initial chest X-ray in August.

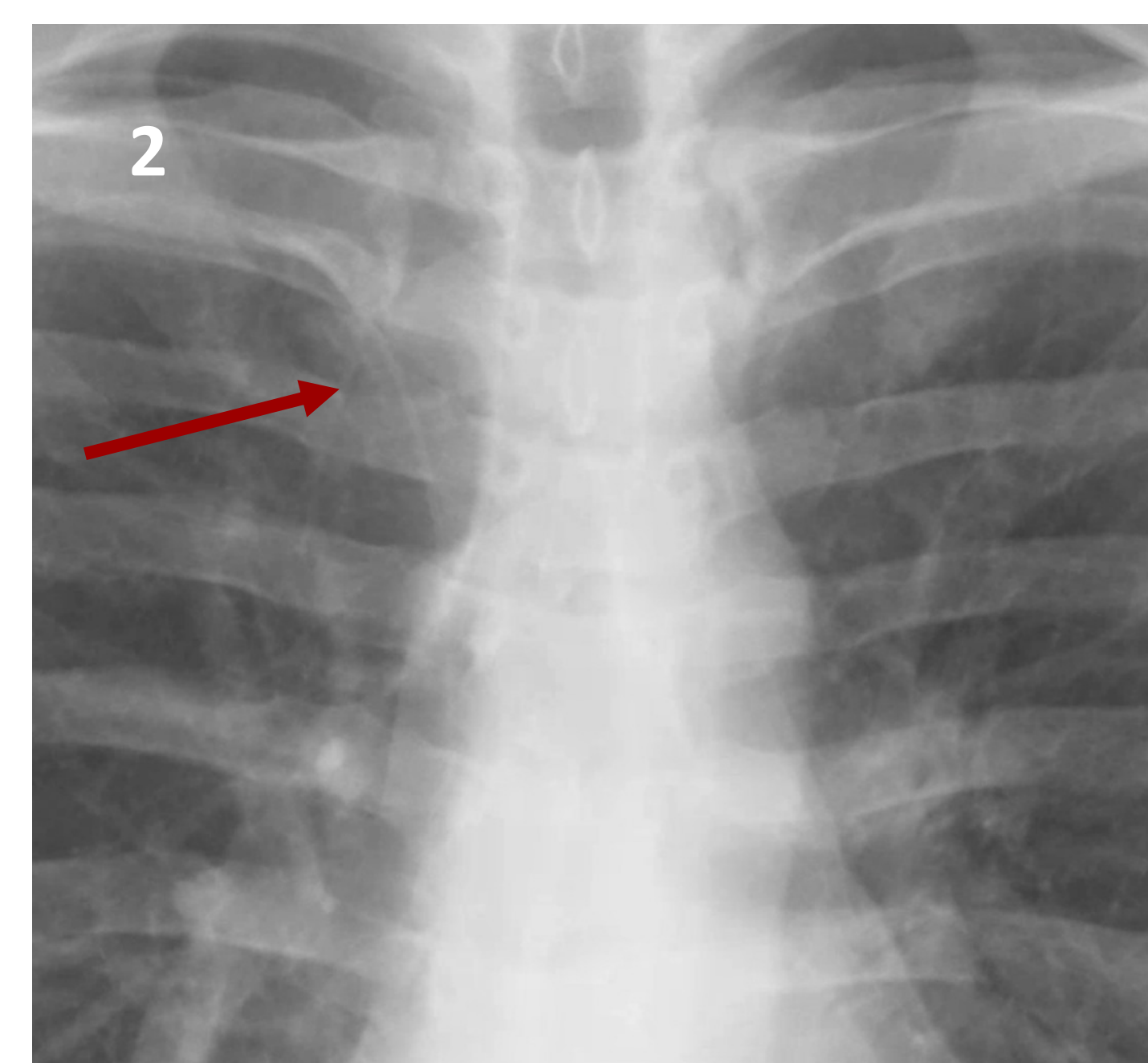
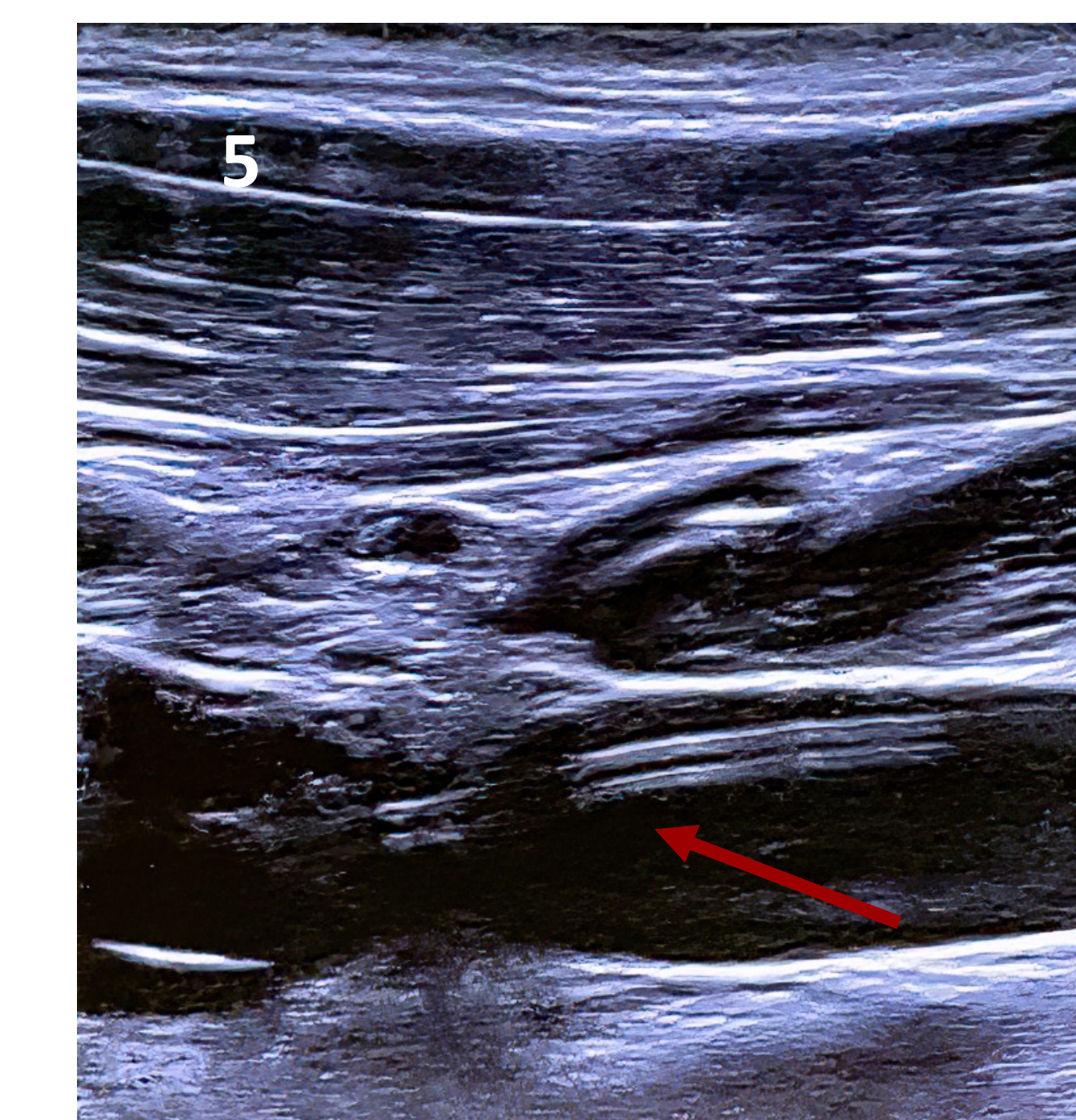
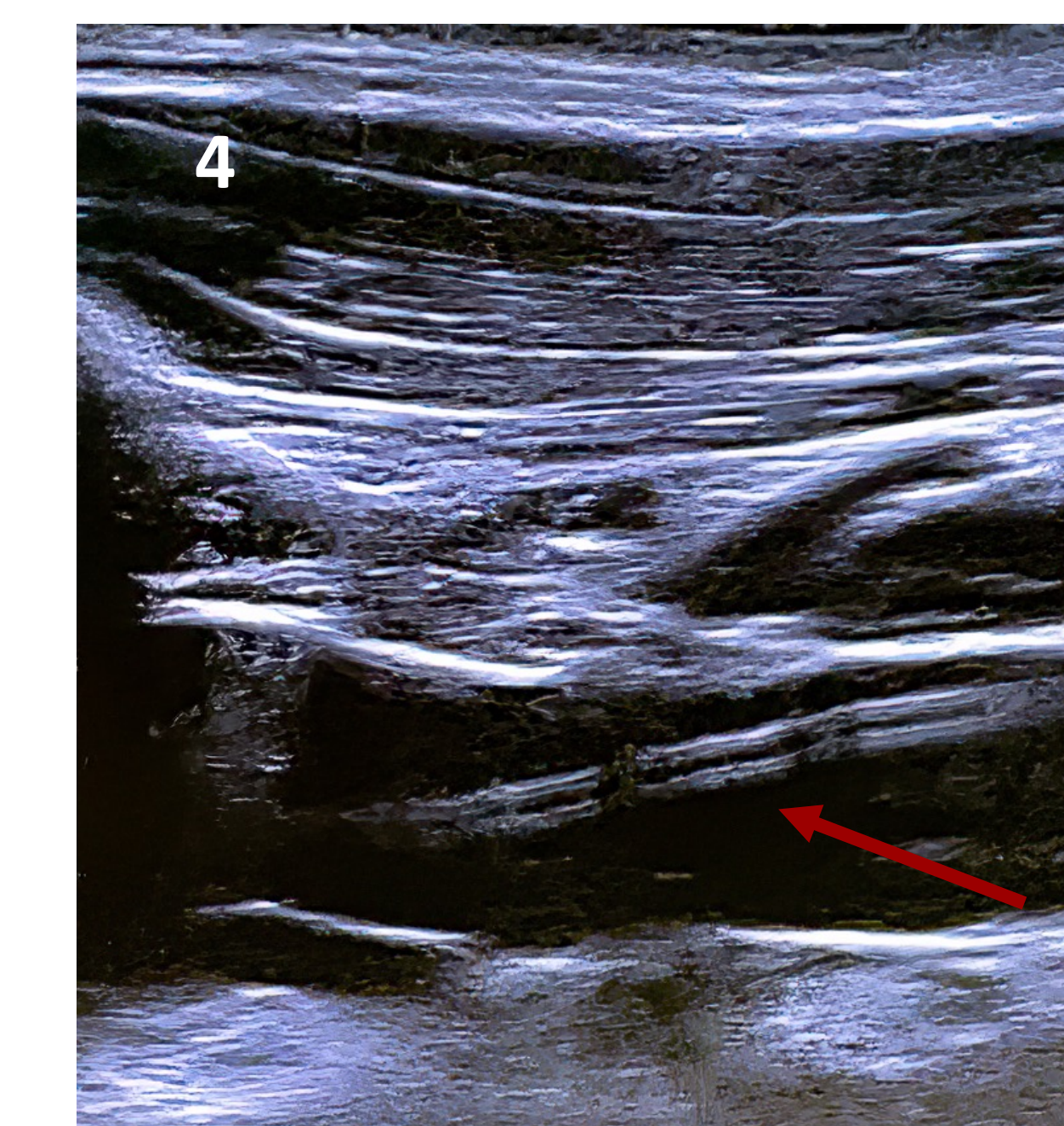
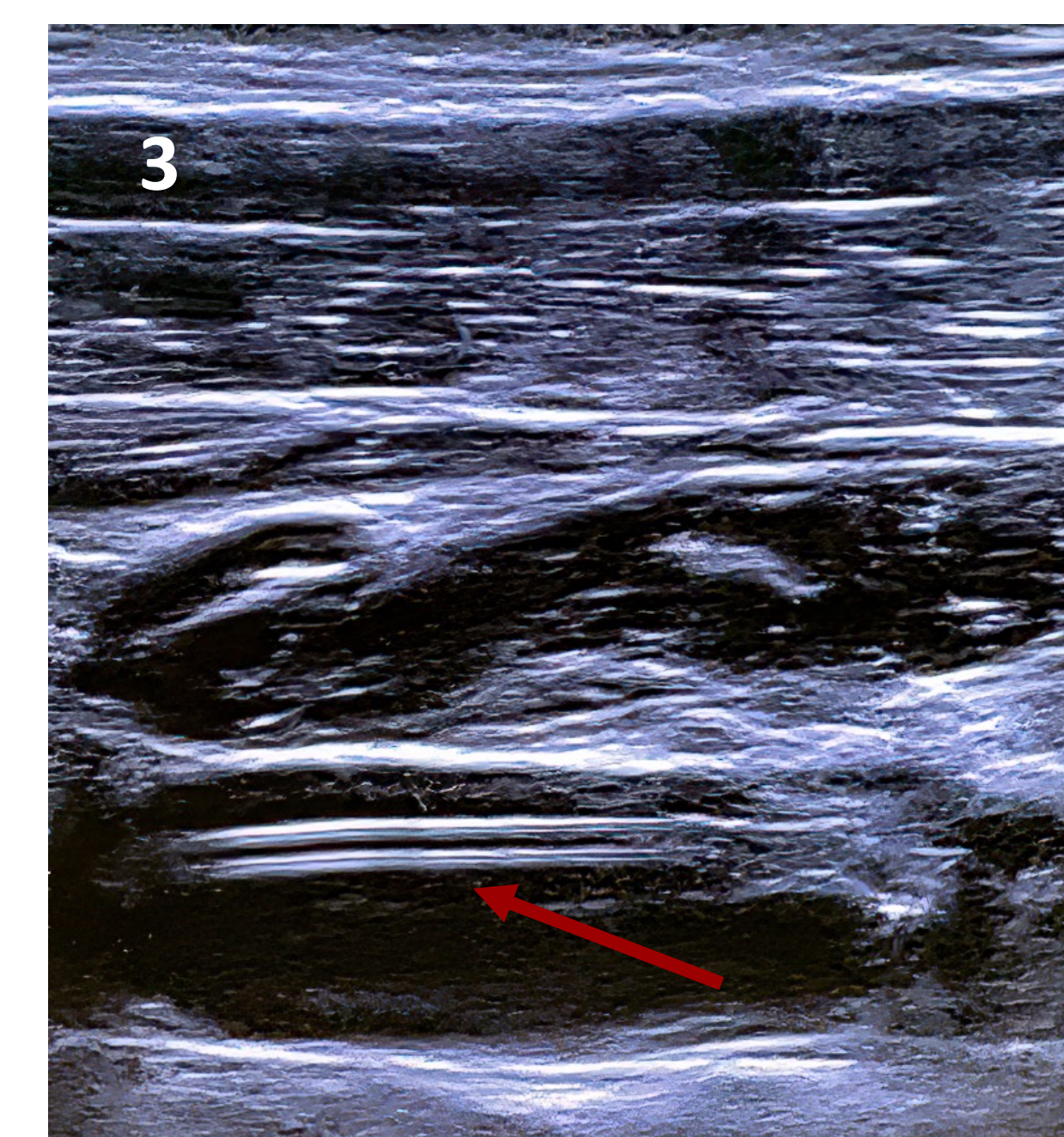


Figure 2 – Carefully examination can already identify a fibroblastic sleeve (red arrow).

-**Technique:**

- Asseptic;
- Local anesthesia;
- Modified Seldinger technique USG;
- Fluoroscopy and post procedure x-ray;

Procedure



Figures 3, 4 and 5 – Fibroblastic sleeve recorded during ultrasound guidance (**red arrows**) as a thin layer of echogenic material with little contact with the venous wall

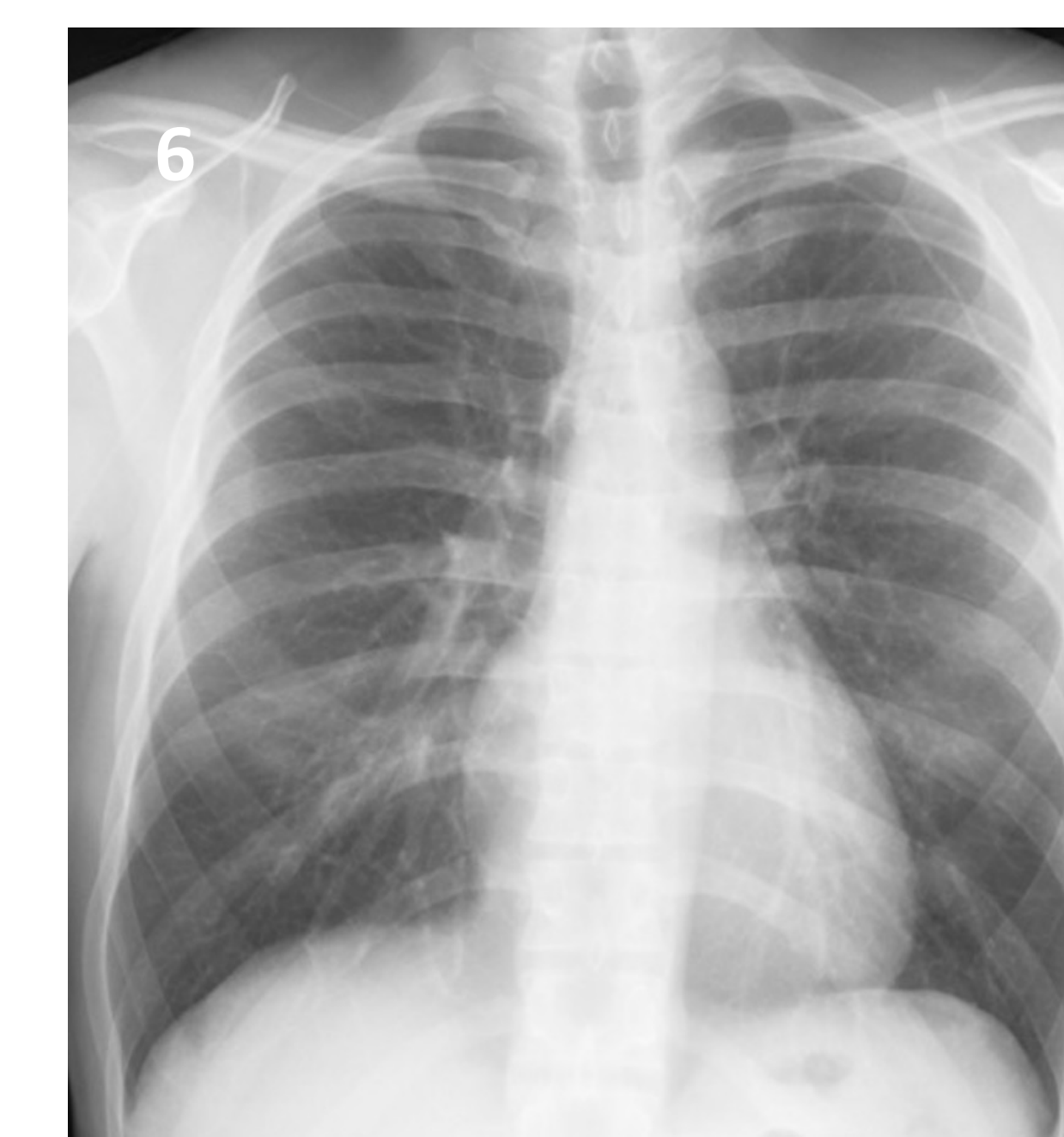
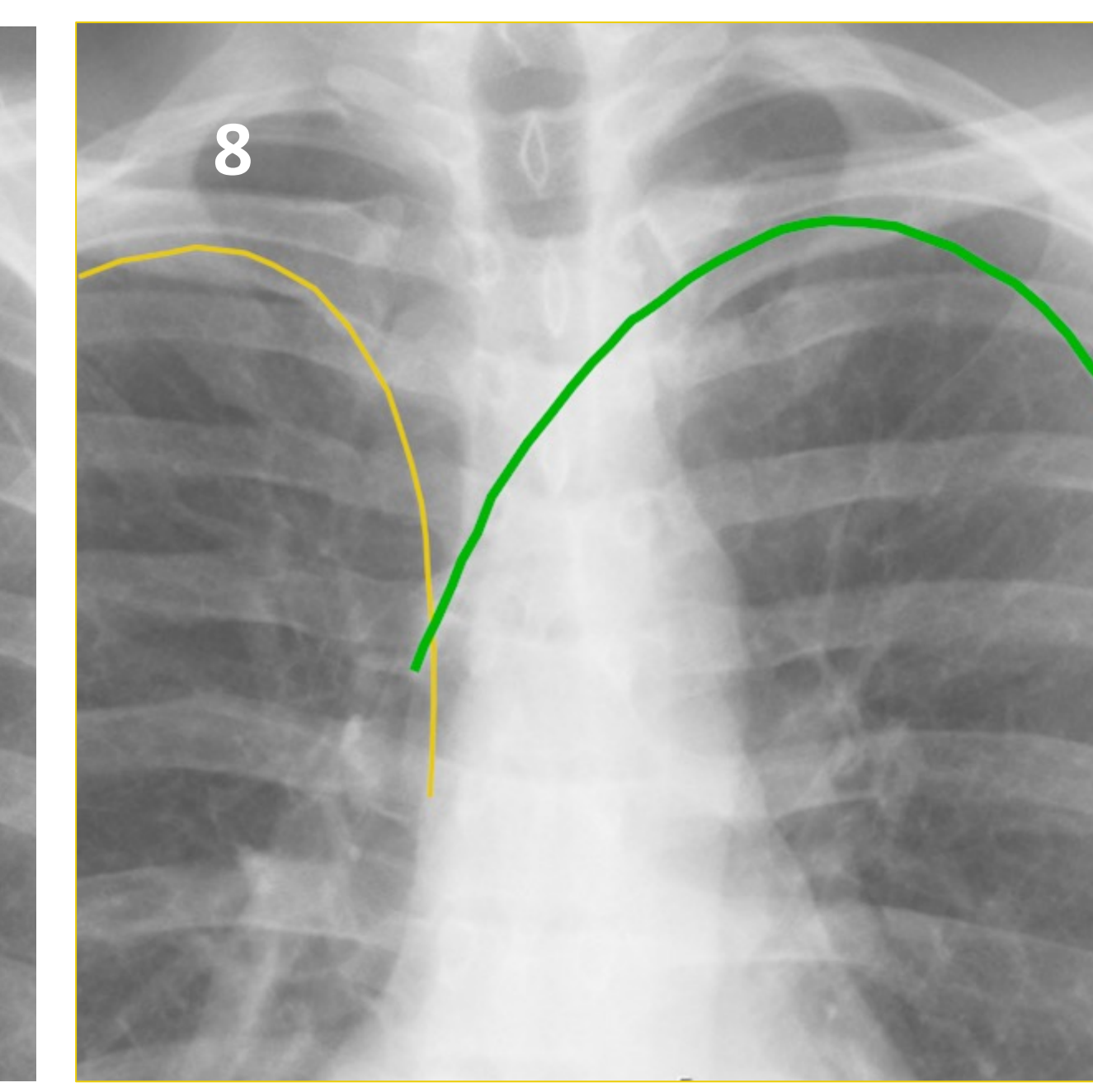
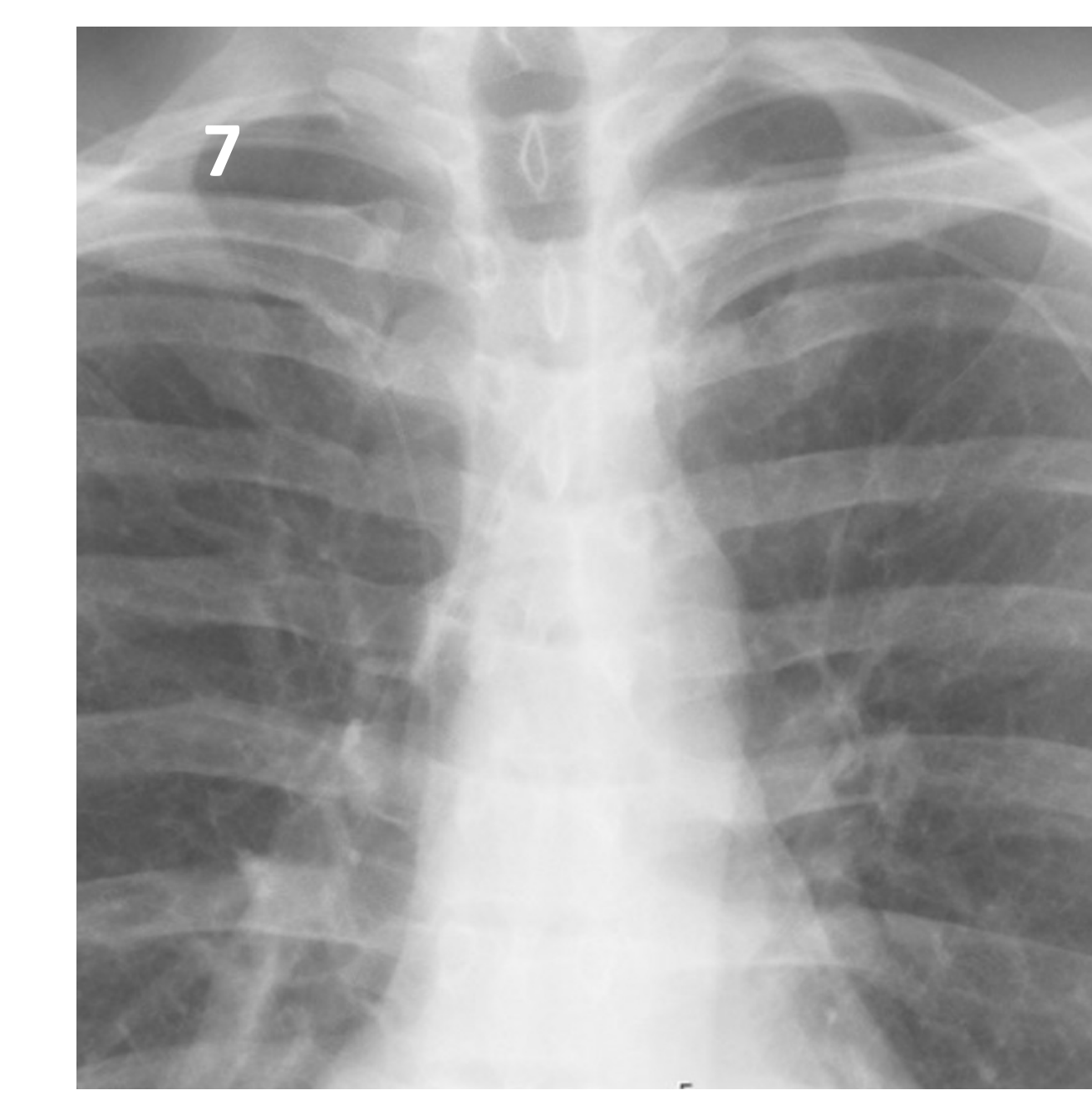


Figure 6 – CICC placement in the left axillary vein. Post-procedure chest x-ray.



Figures 7 and 8 – Post-procedure chest x-ray with fibroblastic sleeve (**yellow**) and CICC in the left axillary vein (**green**).

Conclusion

-The **fibroblastic sleeve** is **very frequently** and should **be correctly identified** as it could be erroneously interpreted as venous thrombosis.