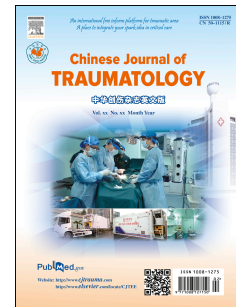


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Case report

Intercostal artery damage and massive hemothorax after thoracocentesis by central venous catheter: A case report

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Abstract

Central venous catheters (CVCs) are widely used in various puncture and drainage operations in intensive care unit (ICU) in recent years. Compared to conventional operating devices, CVC was welcomed by clinicians because of the advantages of easy use, less damage to the body and convenient fixation process. We came across a patient with severe acute pancreatitis (SAP) who developed cardiac arrest due to thoracic cavity massive bleeding 24 h after thoracocentesis with CVC. Thoracotomy surgery was carried out immediately, which confirmed an intercostal artery injury. The patient was discharged from hospital without any neurological complications two months later. Here we report this case to remind all the emergency department and ICU physicians to pay more attention to the complication of thoracic cavity bleeding following thoracocentesis conducted by CVC.

Keywords: Central venous catheters; Thoracentesis; Hemothorax

Introduction

Central venous catheters (CVCs) are widely used in various puncture and drainage operations in emergency department and ICUs in recent years, especially in dealing with fluid accumulation in the thoracic cavity, abdominal cavity and subcutaneous area.^{1,2} Compared to conventional operating devices, CVC is popular because it is easy to operate, has less damage to the body and is convenient to be fixed.^{3,4} Intercostal artery injury is not very rare in clinical practice. The anatomical variation is usually thought to be the main reason. Intercostal arteries curve at the edge of the ribs, especially near the spine. Some intercostal arteries have

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