

# Left ventricular puncture after intercostal catheter insertion

Andrew S Lane and Ian M Seppelt

A 67-year-old man presented to a regional hospital with a 2-week history of dyspnoea and cough. Clinical examination suggested a large left pleural effusion, which was confirmed by chest x-ray (Figure 1, A and B). An intercostal catheter was inserted in the left 6th intercostal space. The patient immediately became haemodynamically unstable and lost consciousness. He was intubated, resuscitated and transferred for an urgent computed tomography (CT) scan. The scan showed a rounded, thickly corticated margin in the lower half of the left lung field, consistent with loculated pleural effusion, as well as a large pericardial effusion (Figure 1, C). The intercostal catheter passed anterior to the pleurally based collection and beyond the pericardium into the myocardium (Figure 1, D and E). The patient underwent urgent pericardiectomy with removal of the catheter. The patient was clinically stable, and there was

no urgency for the intercostal catheter. Full evaluation including CT scanning was indicated before any procedure.

## Competing interests

None declared.

## Author details

Andrew S Lane, Senior Lecturer in Intensive Care Medicine,<sup>1</sup> and Senior Staff Specialist in Intensive Care Medicine<sup>2</sup>

Ian M Seppelt, Senior Staff Specialist in Intensive Care Medicine,<sup>2</sup> and Clinical Lecturer in Intensive Care Medicine<sup>1</sup>

1 Sydney Medical School, University of Sydney, Sydney, NSW, Australia.

2 Nepean Hospital, Sydney, NSW, Australia.

Correspondence: stuart.lane@sydney.edu.au

**Figure 1. Presenting x-rays (A and B) and subsequent computed tomography scan after insertion of intercostal catheter (C–E)**

