Left ventricular puncture after intercostal catheter insertion

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 pericardiotomy 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.

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