Case Report: Contrast Induced Cardiac Tamponade

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Abstract

Statement of the Problem: We report a case of a 32-year-old female with chronic Lyme Disease with chronic pain syndrome. Patient had a long history of receiving intravenous antibiotic therapy through an infuse-a-port catheter (right subclavian vein) for an extended period as treatment of her disease. She also had narcotic dependence and a questionable habit of injecting narcotics via her port. Patient was initially admitted with malaise, vomiting, and diarrhea. She was assessed with mild to moderate dehydration and *Clostridium difficile* colitis. Patient received hydromorphone (Dilaudid) and had a sudden cardiorespiratory arrest and was intubated and resuscitated. CT scan was taken to rule out pulmonary embolism. About 80cc of isovule dye was infused and results showed dissection with endovascular extravasation of the dye indicating contrast induced cardiac tamponade. Emergent sternotomy performed resolved the tamponade. Head CT scan revealed diffuse cerebral edema with cytotoxic edema and multiple lacunar infarctions. Patient was diagnosed with anoxic encephalopathy moderately advanced and after a prolonged ICU care and a multidisciplinary team approach without improvement, family opted for conservative management.

Theoretical Orientation & Findings:

In our literature search, we did not find any report of a contrast-induced cardiac tamponade. In this case report, we suggest that patients whose port must be accessed have a small test injection prior to full power injection. This is significant in patients who use long term infuse-a-port catheter for intravenous antibiotic therapy since it is also frequent for patients with poor vein access to have contrast tomography. From this experience, it is our intention to raise awareness of the possibility of microorganisms seeding the catheter, leading to further weakening of the thin wall of the superior vena cava.

Image Sagittal CT scan with contrast of the heart



Recent Publications (minimum 5)

1. Asperilla M., Klein DK., Hishmeh JR., Yu R., Neads C., "Cost Effective Management of Non-Interferon Based Therapy for Chronic Hepatitis C Virus (HCV) in a free Clinic Setting, 19th Immunocompromised Host Society Meeting, Nov. 13-16, 2016 Santiago, Chile (Abstract)
2. Asperilla M., Klein DK., Hishmeh JR., Boco, L, Neads C., "Management of Non-Interferon Based vs Interferon-based therapy for Chronic Hepatitis C Virus (HCV) in a Free Clinic Setting, 3rd Euro-Global Infectious Diseases Conference Sept 3-6, 2016, Frankfurt, Germany (Abstract)
3. Asperilla M., Chizea C., Klein DK., Rocamora JKB., "Dose-related amelioration of peg-interferon based retinal vasculitis, Journal of Viral Hepatitis 2016, 22: 135.
4. Chizea C., Asperilla M., Klein DK., Villadarez J., "Cost Effective Management of Chronic Hepatitis C Patients in a Clinic Setting," International Immunocompromised Host Society 18th Biennial Symposium, Berlin, Germany June 15-17, 2014 (Abstract)
5. Smego R., Castiguis M., Asperilla M., "Lymphocutaneous Syndrome Review of Non-Sporothrix Cases,"Medicine 1999 78:38-63



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