Sir,

In the teaching point section of NDT, J.A. Kielstein et al. [1] reported on a haemothorax occurring on the seventh dialysis session after the patient was given a left internal jugular catheter for dialysis. The six preceding dialysis sessions were without problems. The haemothorax was related to a perforation of the brachiocephalic vein.

In their discussion, J.A. Kielstein et al. state that ‘such a late onset complication has not previously been reported’ and they support their statement by a reference to one of my papers [2]. The paper they cite deals with the complications of subclavian catheters and mentions, in fact, perforation occurring often 2 to 26 dialysis sessions after the insertion of the catheters. In all these cases, the catheter placed by left subclavian route had caused right-sided perforation of the superior vena cava [2].

Since later perforations after catheter insertion were indeed not described with catheters placed for reasons other than dialysis, it was speculated that the progressive erosion of the vascular wall may have resulted not only from a prolonged contact of a rigid material at the vessel wall but also from the to-and-fro movement of the catheter tip during the dialysis sessions [3].

Dialysis teams had thus been previously warned of the possible life threatening delayed complications of venous central route for haemodialysis [2,3].

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