

# Elective Craniotomy Results in Respiratory Distress

**A** 60-year-old woman undergoes an elective craniotomy for clipping of a non-ruptured aneurysm. The perioperative course is uneventful, and the aneurysm is clipped without complication. The patient is extubated and sent to the recovery room. Within 30 minutes, you are notified by the nurse that the patient is experiencing moderate respiratory distress. There are no neurologic deficits.

Her medical history includes hypertension, hypercholesterolemia, and coronary artery disease, with previous stenting. Preoperative medical and cardiac clearance for the craniotomy had been obtained.

Examination reveals the patient to be in a post-anesthetic state, with mild-to-moderate dyspnea and tachypnea. She appears to be moving all of her extremities well. Her O<sub>2</sub> saturation is 92% on 100% oxygen via a nonrebreather mask. Her breath sounds are significantly diminished on the left side.

A stat portable chest radiograph is obtained. What is your impression?  
*see answer on page 20 >>*



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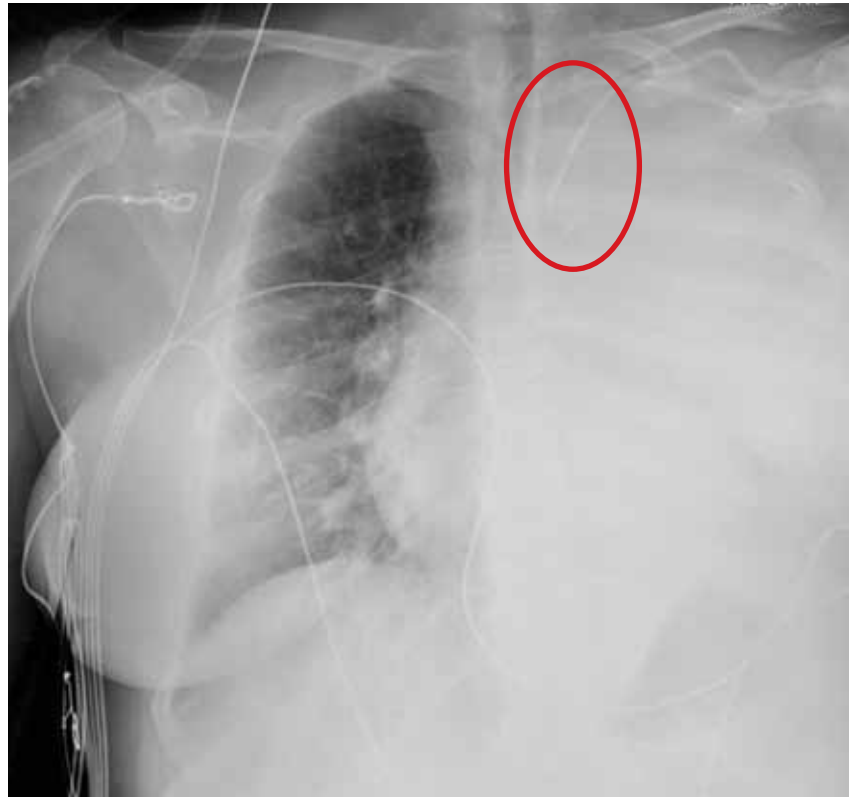
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**ANSWER**

The radiograph shows complete opacification of the left hemithorax. The differential includes total atelectasis of the lung, mucus plug within the left bronchus, or possible blood or fluid collection. Of note, the patient has a catheter within the left subclavian vein, the distal tip of which appears to be in an unusual location.

In this case, it was determined that the displaced catheter tip, resulting in hemothorax, was the etiology. The line was removed, and urgent cardiothoracic consultation was obtained. A left chest tube was promptly placed, with a resultant 2 L of immediate output. The patient improved clinically as well. **CR**



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