

## Duplicated superior vena cava: An incidental finding in a trauma patient

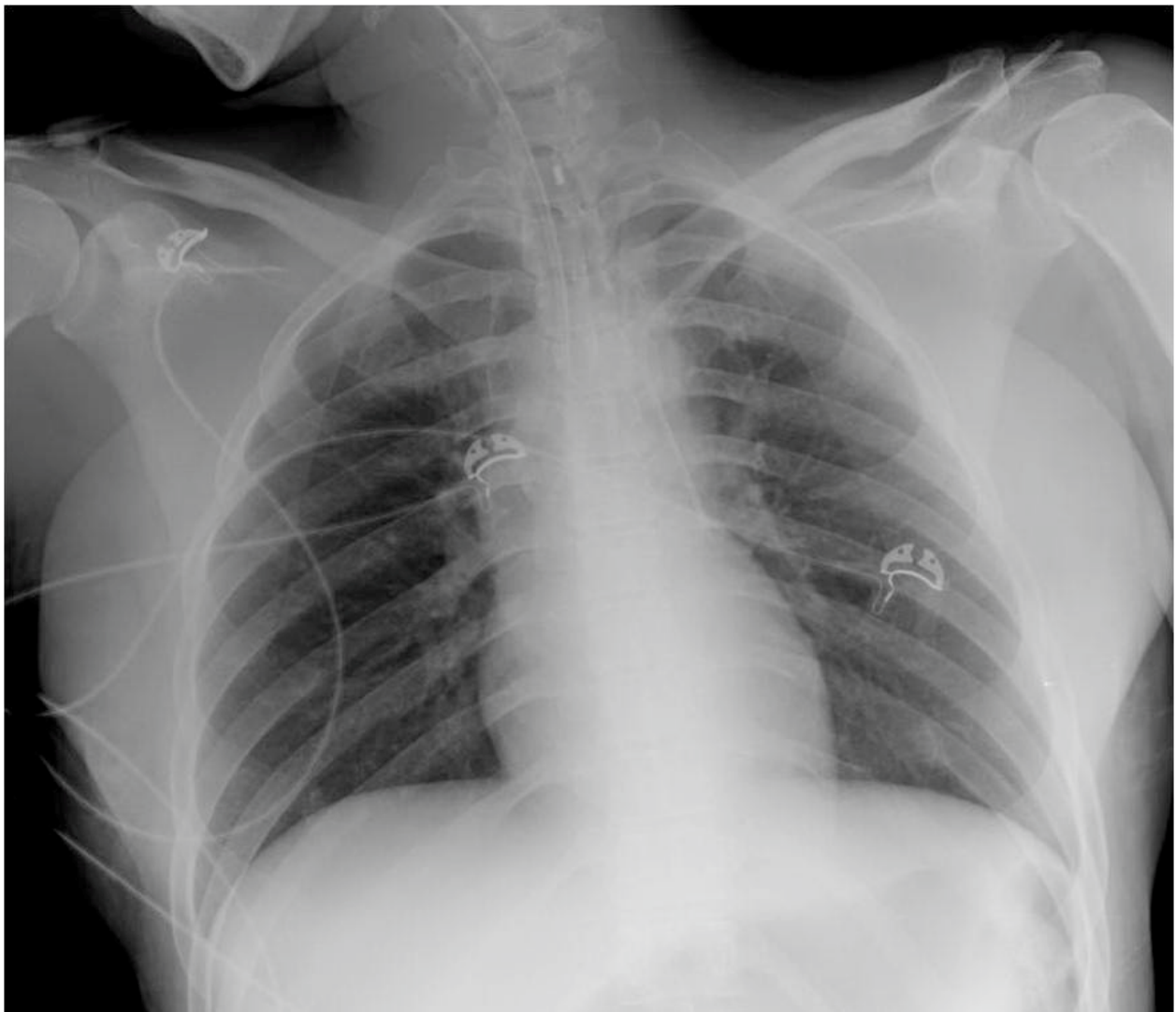
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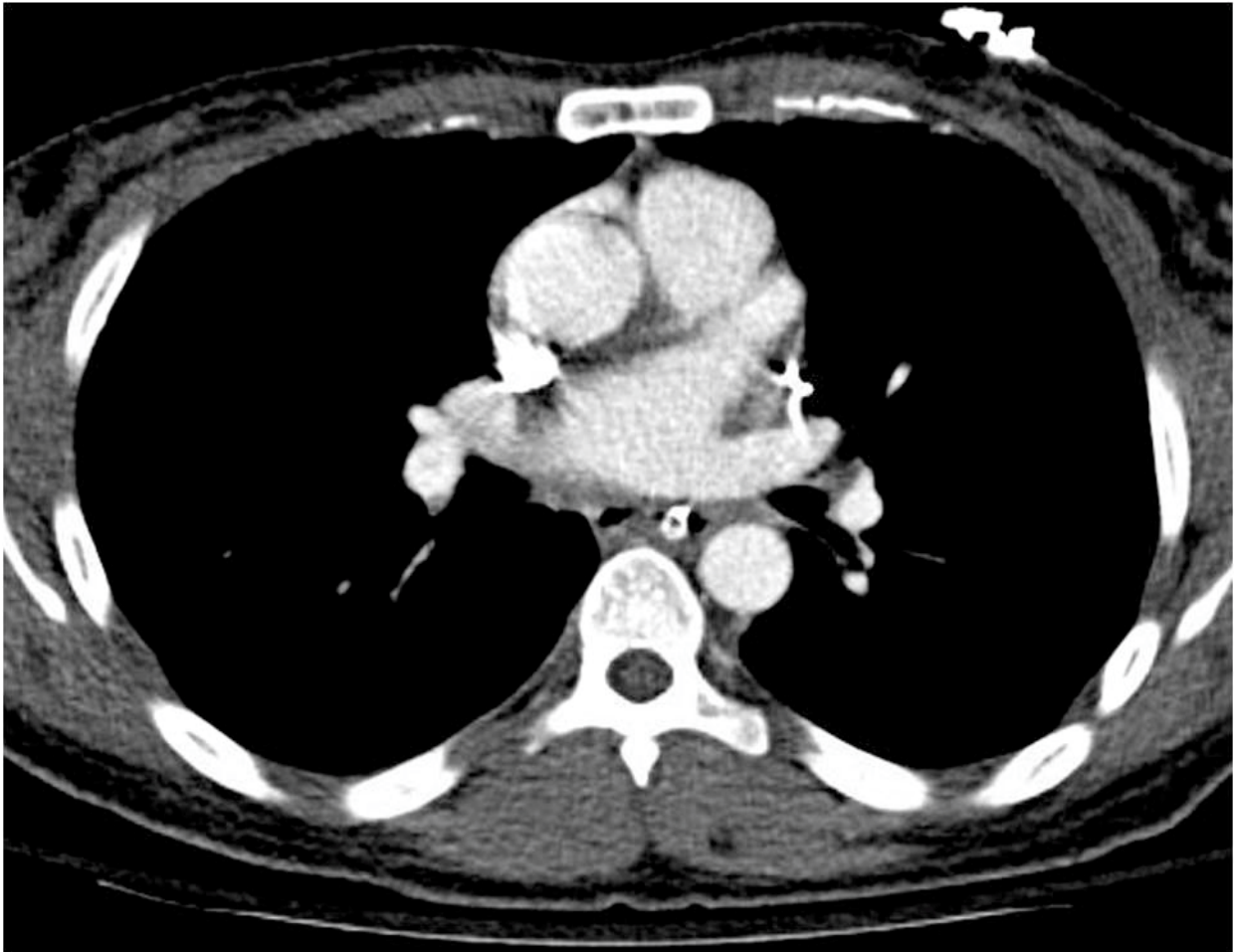
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### Clinical Images



**Figure 1:** Chest X ray with Central Line in the Left Mediastinum



**Figure 2:** CT axial, IV Contrast in the Right SVC and Central Line in the Left SVC



**Figure 3:** CT coronal view, Central Line in the Left SVC



**Figure 4:** CT coronal view, IV Contrast through the Left Central Line highlighting the Left SVC and Enlarged Coronary Sinus

## Description

A 35-year-old female was brought to our trauma center following a physical assault. She presented with agitation, confusion and a scalp hematoma. Advanced trauma life support (ATLS) protocols were initiated but due to her severe agitation and combativeness, the patient required intubation and sedation. A left-sided subclavian central venous catheter was placed after several attempts at peripheral catheterization failed. Follow-up chest X-ray (Figure 1) revealed that the subclavian line did not cross anatomic midline, which raised the concern for arterial cannulation. However, a pressure transducer attached to the central line revealed a venous waveform and a pressure of 12 mmHg. A computed tomography (CT) scan of the chest with intravenous contrast was then performed as part of her trauma work-up. This revealed that the left-sided catheter was within a duplicated superior vena cava (SVC) (Figure 2). An ECG-gated cardiac scan further defined the left-sided SVC draining into a large coronary sinus (Figure 3 & 4). All other scans were negative for injury or abnormality. Transthoracic echocardiogram did not find evidence of shunting and the subclavian catheter was removed without incident. The patient was extubated and discharged home to the care of her family.

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