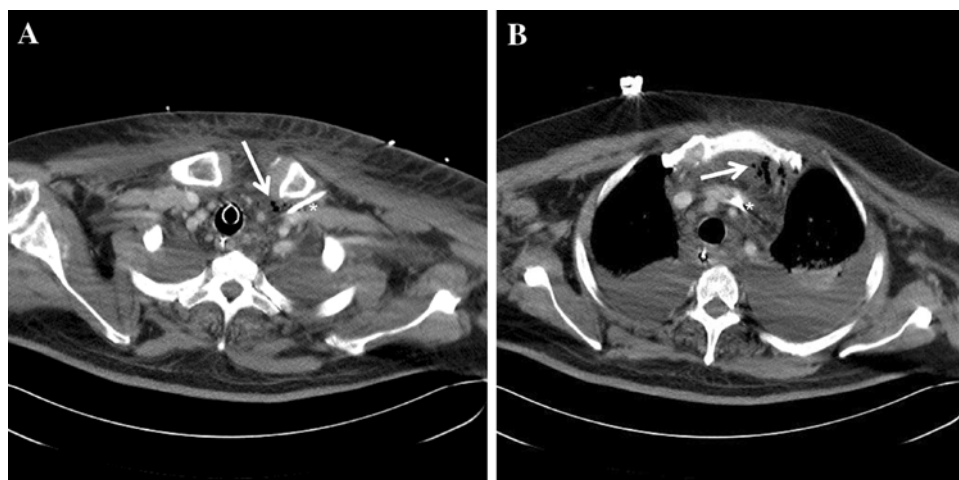


Mediastinitis as a complication of central venous catheterization

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Fig. 1 Computed tomography scans (a, b) demonstrating mediastinal gas accumulation (arrows) close to a central venous catheter (asterisk)



A 47-year-old male was admitted to our clinic with an acute inferior myocardial infarction. The patient was intubated, and mechanical ventilation was started after a short period of out-of-hospital cardiopulmonary resuscitation due to ventricular tachycardia. Successful percutaneous coronary intervention was performed, and cardiovascular stabilization and extubation were achieved on the same day. On day 2 of hospitalization, the patient developed a febrile temperature of 38.8°C with no evident clinical focus of infection. Chest X-ray, sonography of the abdomen, and urine testing did not detect an infection focus. Blood samples were taken for microbiological examination. Empiric antibiotic treatment with ampicillin and sulbactam was initiated due to the suspicion of pneumonia. On day 4, fever was still

present under this therapeutic regime. The results of laboratory testing revealed the presence of *Candida* species in the central blood samples. To detect the focus of infection, we performed a thoracic computed tomography (CT) scan, which revealed mediastinal gas and fluid in the direct neighborhood of the central venous catheter (Fig. 1a, b). This led to the diagnosis of a central venous catheter-associated mediastinitis, removal of the catheter, and the initiation of an antimicrobial therapy with anidulafungin, which was administered for 10 days. The temperature of the patient decreased, and he showed a satisfactory recovery. Surgery was not necessary, and there were no signs of a mediastinitis on a control-CT performed 12 days later.

We report this case to illustrate that mediastinitis, a rare but potential complication of central venous catheter placement, should be taken into consideration in febrile and septic patients.

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Conflict of interest None.