ISSN: 2754-4923

Journal of Diagnosis & Case Reports

SCIENTIFIC Research and Community

Case Report

Open Access

Hepatic Erosion as a Complication of a Peripherally Inserted Central Venous Catheter in a Neonate

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ABSTRACT

Solid Pseudo-papillary neoplasm of the pancreas (SPN) is a rare entity. It represents 0.2-2.7% of all pancreatic cancers. Predominantly occurs in young females in the second to third decades of life. The etiology of SPN involves mutations in the gene that encodes beta-catenin. SPNs are typically indolent tumors, usually confined to the pancreas. We report a case of SPN in a 9-year-old female presented with intermittent abdominal pain for four months. Imaging studies demonstrated a 2.8 cm mass in the tail of the pancreas. The patient underwent a distal pancreatectomy. Pathological evaluation was diagnostic for SPN in the tail of the pancreas. Our case is distinct because of the young age of the patient, peripancreatic soft tissue, perineural, and lymphovascular invasion. The tumor cells exhibited cytoplasmic and nuclear immunoreactivity for beta-catenin and progesterone receptors.

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Received: July 22, 2020; **Accepted:** July 27, 2020; **Published:** July 30, 2020

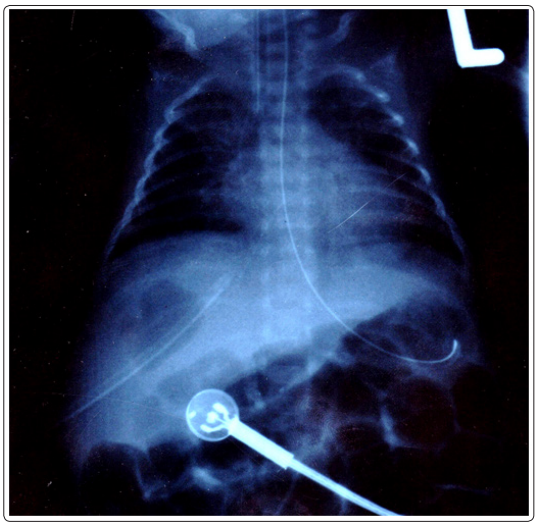
An extremely low birthweight neonate was referred for the management of 'liver abscesses'.

Weighing 865g, she was delivered at 32 weeks of gestation via an elective Caesarean section for pregnancy-induced hypertension and severe intra-uterine growth restriction. She was admitted to the NICU for transient tachypnoea needing supplemental oxygen via nasal cannulas. Crystalline penicillin, gentamycin and aminophylline were commenced.

On the third day a central venous catheter (CVC) was inserted percutaneously through the right median cubital vein to administer total parenteral nutrition solution (TPN) while enteral feed was gradually introduced. As the CVC was blocked on the seventh day of life it was removed to be replaced by another via the left median cubital vein.

On the ninth day of life abdominal distension was noted and a radiolucent shadow was visualised on a plain abdominal film. Ultrasonography confirmed two fluid-filled lesions in the right lobe of liver, measuring 1.2x2cm and 1.7x1.4cm, the larger one containing air. Antibiotics were changed to cefotaxime and metronidazole while enteral feeds were discontinued.

The lesions were aspirated percutaneously draining a large amount of milky fluid. At this juncture she was referred for further evaluation. Close scrutiny of the previous radiographs disclosed a faint radio-opaque line innocently forming a loop in the cardiac silhouette before sneaking into the liver parenchyma (Figure 1). Having removed the CVC, TPN solution was delivered via a peripheral venous cannula enteral feeds were tolerated, and antibiotics were discontinued. The infant made an uneventful recovery thereafter.



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