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Promoting Sustainable Kidney Health: The Asia-Pacific and Beyond
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A Bullet In My Heart

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Case Study : Patients with end-stage kidney disease who are receiving haemodialysis and have exhausted vascular access typically need a tunnelled cuffed catheter (TCC). Frequent post-procedural complications include haemorrhage, thrombosis, infection, catheter misplacement, damage to surrounding structures, and, rarely, cardiac injury. We report a case of a 67-year-old lady with underlying hypertension, diabetes mellitus, and end-stage kidney disease who presented after three weeks post-TCC insertion with right atrium perforation. She presented with chest pain and fever during dialysis, with purulent fluid aspirated from the TCC. Surprisingly, she had excellent dialysis flow and no intradialytic hypotension right after the TCC placement. Blood investigations showed a raised septic marker, and the patient was treated with antibiotics. Further imaging with a computed tomography scan of the thorax revealed that the catheter pierces out of the right atrial wall anteriorly within the pericardial space. An echocardiogram reveals a small amount of pericardial fluid with otherwise normal cardiac contractility. Following an exploratory sternotomy, a perforation at the right atrium-intravenous vena cava junction was seen, along with fibrinous tissue adhesion between the right atrium and pericardium and limited blood collection. She underwent right atrial repair and recovered well post-treatment. The incidence of cardiac perforation is less than 1%, with possible causes including trauma during insertion, delayed migration, or chronic erosion. Identifying the TCC's sites by post-procedure imaging is crucial for the early recognition of problems. Particularly in this instance, the delayed presentation and early functioning of the TCC may be explained by the gradual erosion of the arterial wall by the TCC, which may have been positioned close to the atrial wall. It's possible that the smaller lesion and adhesion that followed stopped a large pericardial bleeding. The key to managing this complication and improving the patient's chance of survival is early surgical intervention.

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