



IMAGES IN INTENSIVE MEDICINE

Thoracic aortic injury caused by chest tube[☆]

Lesión de aorta torácica por tubo pleural

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Figure 1



Figure 2



Figure 3

We hereby present the case of a 45-year-old male admitted to the ICU due to parapneumonic pleural effusion at the organizing stage in his left lung. The introduction of a pleural catheter to drain the lung is followed by arterial blood coming out of the catheter that is clamped and rapidly fixated. An urgent CT scan is conducted. The CT scan shows the excessively medial insertion of the catheter and the tip resting inside the descending thoracic aorta (white arrows, [Figs. 1 and 2](#)). The cardiovascular surgeon on call is then notified. He decides that the best therapeutic option is endovascular treatment. One thoracic endoprosthesis is then introduced through the patient's left femoral and, in a coordinated maneuver, the drainage catheter is removed and the prosthesis deployed to close the solution of continuity ([Fig. 3](#)). The case is a clear example that any invasive technique can have serious complications. If the catheter had been removed during the puncture the consequences would have been fatal.

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