A long-term tunneled subclavian venous catheter of a 32-year-old leukaemia patient blocked. Chest x-ray (CXR) showed a fracture, with the proximal end underneath the first rib and clavicle (Figure 1, arrow, right panel), and distal fragment at the left hila (broken arrow). A CXR 3 months ago showed catheter kinking and narrowing at the same site, constituting the “pinch-off sign” (arrow, left panel).1 The broken fragment was retrieved from the left pulmonary artery by cardiac catheterization. Fractured ends were smooth (central insert).

Spontaneous central venous catheter fracture occurs in 0.1% to 1% of cases.2 The catheter fracture is postulated to be related to compression between the clavicle and first rib due to vigorous movement or heavy object lifting,3 activities that should be avoided. Fractures at other sites are exceptional. The “pinch-off sign” may precede fracture; if detected, catheter removal is warranted,4 a fact both clinicians and radiologists should be aware of.

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