

Something is in the wrong place.

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Abstract

Inferior vena cava filter (IVCF) embolization is not uncommon and can reach 11,8%. However, device migration to the heart is not frequent and occurs in cases after IVCF fracture. We show the case of a young woman who was submitted to an unremarkable IVCF placement three days before and presented with hemodynamic instability. Since the device was not retrievable, the surgical team opted for an open cardiac surgery under cardiopulmonary bypass to remove IVCF.

Something is in the wrong place.

Vena cava filter misplacement.

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Patients with venous thromboembolism and absolute contraindication to anticoagulation may benefit from inferior vena cava filter (IVCF) placement^{1,2}. These devices can be permanent or retrievable. Complications associated with its placement are well known and more common with not retrieved devices³.

In this way, we show a case of a 47-year-old woman, in follow-up with gynecology because of abnormal uterine bleeding due to uterine myomatosis. Three days after IVCF implantation because of previous deep vein thrombosis she presented with tachycardia, hypotension, and hemodynamic instability. After chest tomography to confirm the hypothesis of pulmonary thromboembolism, the medical team verified that the device had migrated to the right atrium (fig.1A), with punctual perforation (fig.1B).

She underwent cardiac surgery with medium sternotomy, bicaval cannulation, and cardiopulmonary bypass for device resection via right atriotomy. Large clots and the filter were removed (fig.1C). The patient was weaned from cardiopulmonary bypass and is currently in postoperative recovery. In figure 1D we can see the vena cava filter with some clots after removal. Assistant physicians must keep in mind this potentially fatal complication, particularly when filter retrieval is not feasible.

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