

CORRESPONDENCE

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Dural Puncture as a Complication of Internal Jugular Vein Cannulation

To the Editor:—Recently, Miyamoto *et al.* described inadvertent dural puncture with a 22-gauge needle during right internal jugular vein (IJV) cannulation in an infant.¹ No neurologic injury is described. The authors appear to be unaware of a previous (and more frightening) report by Nagai *et al.* that describes inadvertent dural puncture with a 16-gauge needle during right IJV cannulation and subsequent intrathecal placement of a pulmonary artery catheter in an adult.² In that patient, a neurologic deficit (T1–T3 hypoalgesia) appeared but resolved within 3 days. Readers should be made aware of this prior report, lest they infer that infants are more prone to dural puncture during IJV cannulation or that associated neurologic injury has not been reported.

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In Reply:—We thank Lennon for notifying us of the previous report by Nagai *et al.*¹

We still consider that neonates may be more prone to accidental dural puncture due to anatomic features, as we stated in our case report.²

As the report by Nagai illustrates, a needle, guidewire, dilator, or catheter accidentally inserted or placed in the intrathecal space could cause the neurologic defects by injuring the nerve roots or spinal cord. Therefore, in any attempt at internal jugular cannulation in any patient, caution should be taken to avoid a misinsertion by using a small-gauge pilot needle to locate the vein at an appropriate depth and confirming free venous blood reflux before introduction of a guidewire and catheters.

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