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Favourable evolution of a deep humeral thrombophlebitis after paraffin oil injection

To the Editor:

To our knowledge, the effects of *iv* injection of paraffin oil had not been reported prior to our recent publication.¹ We wish to report on the long term follow-up of this unusual case.

A young man, age 18 yr, injected himself 2.5 mL of paraffin oil in the right humeral vein. Thrombophlebitis and thrombosis of the deep humeral vein ensued, treated initially with *iv* heparin, dexamethasone and antibiotics. Oral anticoagulant and anti-inflammatory treatment was pursued orally after discharge. The patient abandoned the treatment five months later. On follow-up 13 months after the event, clinical examination was essentially normal and a repeat phlebography showed a 50% reperfusion of the venous vasculature. (Figure).

Paraffin oil is irritating for the skin and mucous membranes. Its subcutaneous injection results in tissue necro-

sis and abscess formation.^{1–4} Ingestion and/or inhalation of the substance can lead to coma.^{4,5} Despite the *iv* injection of 2.5 mL of paraffin oil, no effects on the central nervous system were noted, possibly because the intense pain on injection limited the amount infused.

The subcutaneous injection of petroleum distillates produces vein thrombosis by contact.³ Direct *iv* injection resulted in more severe and extensive deep vein thrombosis. Despite therapy and partial recuperation of the venous circulation, thrombosis of the humeral vein was irreversible. Had the patient pursued treatment, venous reperfusion may have been more complete. However, functional recuperation was good.

We believe prompt and sustained treatment with anti-coagulants and anti-inflammatory drugs contributed to the favourable outcome observed in this case.

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FIGURE Phlebography 31 days and 13 months after the injection of paraffin oil in the right humeral vein: the deep humeral vein remained thrombosed. On follow-up at 13 months, the radial, inter-osseous and cubital veins were reperfed.

Lightwand intubation using the Trachlight: a brief review of current knowledge¹

To the Editor:

I enjoyed reading the review by Agrò *et al.* concerning intubation with the Trachlight™ lighted stylet.¹