Persistent left superior vena cava

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A 17-year-old boy was brought to the emergency department after his motorcycle collided at high speed with a tree. On arrival, he was in hypovolemic shock. The boy was intubated and a left subclavian catheter was immediately placed for fluid therapy. Bilateral chest tubes were placed for pneumohemothoraces. On the 5th hospital day, acute renal failure developed. A hemodialysis catheter was inserted into the right internal jugular vein. A chest radiograph (Fig. 1) and left superior venacavogram (Fig. 2) were obtained and established the diagnosis of persistent left

Fig. 1 Chest radiograph

Fig. 2 Left superior venacavogram

superior vena cava (PLSVC) draining through the coronary sinus into the right atrium.

PLSVC is the most common thoracic venous anomaly. Although PLSVC is usually not associated with any negative hemodynamic effect, it is important to be aware of its existence because the manipulation of the coronary sinus can cause hypotension, angina and cardiac arrest [1].

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