

LETTER TO EDITOR**CASTLE MANS DISEASE- A RARE CAUSE OF DIFFICULT INTERNAL JUGULAR VEIN CANULATION IN INTENSIVE CARE UNIT****Kunta Srinivasulu¹, Nikhil Mudgalkar²**¹Department of Anaesthesia, Prathima Institute of Medical Sciences, Nagnur, Karimnagar, Andhra Pradesh**Correspondence:** Dr.Nikhil Mudgalkar, E-mail – drniks2000@yahoo.com**Sir,**

A 60 year old female admitted in our Intensive care unit with a diagnosis of diabetic ketoacidosis. Patient was a known case of diabetes mellitus with insulin therapy since last 6 months. Patient was investigated and kept on treatment of diabetic ketoacidosis which included intravenous insulin, Intravenous fluids and potassium supplementation. For monitoring, physician requested to put internal jugular central line placement. Intensivist assessed the patient and decided to put right internal jugular line. After multiple blind attempts (4), intensivist could not locate internal jugular vein, and decided to put subclavian triple lumen tube, which was possible in first attempt. To know the reason, ultrasound scan of the neck was ordered, which showed enlarged lymph node compressing internal jugular vein. Contrast CT scan of neck revealed multiple enlarging masses entangling upon internal jugular vein and ending into retropharyngeal space. Excisional biopsy of the nodes revealed castleman's disease.

Castleman's disease, also known as angiofollicular lymph node hyperplasia, is characterized by non-clonal lymph node proliferation, and was first described by Benjamin Castleman in 1954.¹ It is also categorized into unicentric and multicentric forms.² Unicentric Castleman's disease is most commonly found in the mediastinum. However, it can develop anywhere lymphoid tissue is found, such as in cervical, axillary, or abdominal regions.^{3, 4} The cervical castleman disease

can present as a difficult internal jugular canulation as we present in our case. Moreover complications can occur because of rupture of cervical lymph nodes, like bleeding.

Ultrasound imaging is one simple, inexpensive way to reduce the complication. Ultrasound imaging allows the presence of the internal jugular vein (IJ) to be confirmed, its patency can be demonstrated, and its anatomical relationship to the carotid artery can be defined. Presently ultrasound guided insertion is preferred method.⁵ And whenever available, should be used to reduce complications related to difficult canulation.

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