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= Abstract =

Aorto-Innominate Venous Fistula after Percutaneous Kirschner wire fixation of the Sternoclavicular Joint Anterior Dislocation - A case report -

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Kirschner wire fixation in sternoclavicular dislocation poses a considerable risk of serious early or late complications.

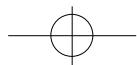
We report a case of Kirschner wire penetration into the innominate vein and aorta, which caused aortovenous fistula and congestive heart failure.

Key WordsSternoclavicular Joint, Percutaneous Kirschner wire fixation, Pin migration

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954 • / 11 4

90/50mmHg, 82/ , 22/ , 36.5

continuous machinery murmur† ,

4

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(Fig 1),

(grade IV)

28/19/23mmHg

†

81%

61

6

6

thrill

1.0cm x 1.0cm

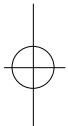
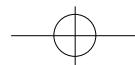


Fig 1 Chest radiograph of 6 weeks after Kirschner wire removal operation shows increased pulmonary vascular marking and cardiomegaly.



Fig 2 Immediate postoperative radiograph shows fixation of the right sternoclavicular joint by two Kirschner wires. The lower poles of the Kirschner wires penetrated the innominate vein and aorta.





, DeVega view, Hobbs view, Serendipity view, Tomograms, CT scan
CT scan 가 .

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13), , ,

4
가 .

가 .

가 (Fig 2),

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2 6

Steinmann Pin

, , ,
24,6,9,10). 1984

Gerlach 4)

2 Brown 1)

10 3

, 1

30-35

, 35

Ball-and-Socket

. Pate Willhite¹²⁾, Clark 2)

, Smolle-Juettner 15)

45-50

7

가 .

5mm

10

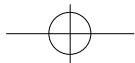
. Leonard Gifford⁷⁾, Liu 8)

, Scott Sethi¹⁴⁾

, Ferrandez 3)

Heining

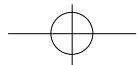
, Nordback



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Kremens Glauser⁶⁾ Due to a Kirschner Wire Migration From the Right
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