

**Table 1. Blood test results**

|                                       | Hospital day 1 | Hospital day 2 | Hospital day 3 | Hospital day 4 | One week after discharge |
|---------------------------------------|----------------|----------------|----------------|----------------|--------------------------|
| Creatine phosphokinase (IU/litre)     | 5387           | 3331           | 1634           | 922            | 102                      |
| Myoglobin (ng/ml)                     | 264            | Not checked    | 93             | 63             | 35                       |
| Lactate dehydrogenase (IU/litre)      | 299            | 215            | Not checked    | 185            | 184                      |
| Alanine aminotransferase (IU/litre)   | 120            | 88             | Not checked    | 61             | 25                       |
| Aspartate aminotransferase (IU/litre) | 118            | 80             | Not checked    | 41             | 18                       |
| Serum creatinine ( $\mu$ mol/litre)   | 51             | 48             | 50             | 50             | 57                       |

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**LEARNING POINTS**

- Electromyostimulation training can cause rhabdomyolysis even in light workload exercises.
- If muscle pain, muscle swelling and dark-coloured urine develop after electromyostimulation training, patients should be evaluated for complications such as rhabdomyolysis.

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**Images in Medicine**

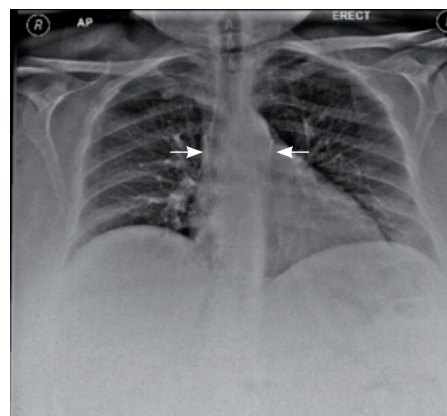
# A fractured peripherally inserted central catheter line: a rare but serious complication

**A** 44-year-old woman with a past medical history of antiphospholipid syndrome, systemic lupus erythematosus, Sjögren's syndrome, fibromyalgia and chronic leg ulcers was admitted to hospital with infected leg ulcers, requiring intravenous antibiotic therapy for at least 4 weeks. In view of this, a peripherally inserted central catheter was inserted.

The day after insertion, the nursing staff were unable to flush the line. Medical assistance was sought and the line was manipulated, unfortunately resulting in the external part of it snapping off. A cut down was attempted to retrieve the internal part of the line, unsuccessfully. The patient was

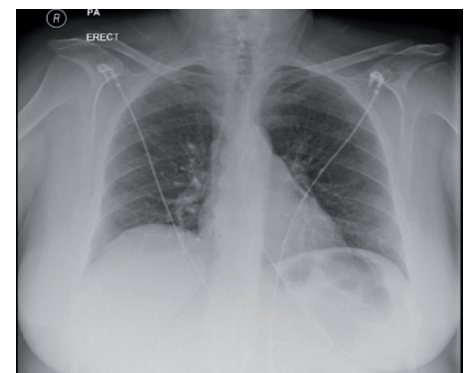
transferred to a regional teaching hospital with interventional radiologists on-site. *Figure 1* illustrates the chest X-ray findings. Computed tomography was also performed to further assess the location of the fractured peripherally inserted central catheter line.

**Figure 1. Chest X-ray showing the peripherally inserted central catheter (arrows) projected over the right atrium, with a loop in the pulmonary outflow tract.**



Initial fluoroscopy showed both ends of the line in the right atrium with a loop of catheter in the pulmonary outflow tract. The fragment was snared in the right atrium and removed via a 6-French sheath in the left internal jugular vein. A repeat chest X-ray (*Figure 2*) confirmed that all the line had been removed. **BJHM**

**Figure 2. Chest X-ray confirming the line was successfully removed.**



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