eComment: Advantage and Judicial use of Internal Jugular Vein

Authors: Prashant Shah, Child Heart Care, Lifeline Hospitals, OMR, Perungudi, 600096 Chennai, India; Ajith Sunny
doi:10.1510/icvts.2011.280727A

As mentioned by the authors [1], the internal jugular vein is commonly used for the Glenn procedure because of better alignment with the right atrium and lack of unidirectional valve. The use of the external jugular vein has some practical problems such as cannula tip touching on the valve, possible false reading, and chance of thrombosis being greater with superficial vein than with deep vein. The line placed into the internal jugular vein for a Glenn procedure normally comes out within 24 h and if Glenn flow and pulmonary artery pressure is adequate, the chance of thrombosis is negligible. In their Discussion, the authors mention that thrombus in the internal jugular vein causes early failure of the Fontan circulation. This statement demands discussion as it is true only when there are coagulation disorders. In this study, coagulation disorders which are commonly seen in cyanotic children, are not taken into consideration. In my experience if the IJV is used for a short duration, it is a better option for measuring correct superior vena cava/Glenn pressure.

Reference