

POTENTIAL VASCULAR DAMAGE BY POSTERIOR DISLOCATION OF STERNOCLAVICULAR JOINT

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A 34-year-old man was admitted for surgical treatment following traumatic posterior sternoclavicular joint dislocation and anterior mediastinum hematoma with compression of brachiocephalic vein (A, B). Intra-operative positioning considered access for possible sternotomy and control of upper vena

cava territory in case of bleeding from venous confluent (C). Patient was submitted to open reduction of sternoclavicular joint through an oblique supraclavicular incision (D), fixation with high strength orthopedic suture (E), mediastinal drainage and closure with absorbable suture (F).

