An 86-year-old man was admitted because of upper airway compromise and respiratory distress caused by a parapharyngeal abscess. His medical history was significant for coronary artery bypass grafting years ago, atrial flutter and a moderate to severe aortic valve stenosis in the presence of a normal ejection fraction. After uncomplicated intubation, he was sedated with a combination of propofol and remifentanil. For hypotension (nadir 79/55 mmHg), norepinephrine was administered intermittently with a peak dose of 0.5 µg/kg/min during a maximum of one hour (concentration 10 mg/50 ml). At that time it was decided not to insert a central venous catheter since dosing was low (<0.2 µg/kg/min) and of expected short duration.

One day after admission he was transferred to another ICU for logistic reasons. The mobile ICU team had to increase the vasopressors due to increased sedation needs. Hypotension was treated with 0.3 µg/kg/min norepinephrine and shots of phenylephrine (total dose: 0.3 mg). After transfer, a white discoloration on the right arm was observed (figure 1).

What is your diagnosis?

ANSWER
You will find the answer on page 33 of this issue.