TRANSCATHETER RETRIEVAL OF DISLODGED PORT-A CATHETER FRAGMENTS: AN EXPERIENCE OF ONE INSTITUTE
Tsung-Neng Tsai, MD, Chih-L Han, MD, PhD, Wei-Shiang Lin, MD, Shih-Ping Yang, MD, PhD, Kai-Min Chu, MD, PhD
Division of Cardiology, Department of Internal Medicine, Tri-Service General Hospital, National Defence Medical Centre, Taipei, Taiwan, ROC

OBJECTIVE: The purpose of the present study is to investigate the incidence and location of dislodged port-A catheter fragments and the efficacy and safety of transcatheter retrieval of dislodged port-A catheter in our hospital.

MATERIALS AND METHODS: Forty-seven cancer patients referred to our catheterization laboratory for retrieval of the fractured Port-A catheter, were enrolled from January 2005 to March 2006. The procedures were performed under hospital basis and the patients followed up in the outpatient department for at least 1 month after the procedures. The characteristics of all fractured port-A catheters were recorded. The procedure-related clinical status was evaluated.

RESULTS: The most common location of fractured catheter tips was between the right atrium and inferior vena cava (11/47). Forty six of the forty seven (97.8%) dislodged catheters were successfully retrieved by the transcatheter method. Only one patient received surgical intervention because of failure to retrieve the dislodged catheter. Most of the procedures were performed with standard vascular tools (loop snares and pigtail catheters). In our experience, more sophisticated devices such as grasping forceps, baskets, or flexible triple-grasping forceps have the drawback of limited value compared to loop snare and even carry considerable risk of perforation. The complication of this procedure was fairly low (2/47); only one patient developed hematoma at the right groin due to concomitant thrombocytopenia and another had flailing of the tricuspid valve damaged by a fragment passing though the tricuspid valve.

CONCLUSION: The most frequent locations of dislodged port-A catheters are the right atrium and inferior vena cava, where they are technically easier to remove by the endovascular approach with few complications reported. Therefore retrieval of dislodged port-A catheters by the endovascular approach might be the first choice of treatment because it is both safe and effective.

Keywords: Transcatheter Retrieval, dislodged Port-A Catheter