To evaluate the clinical results of central venous access port (CV port) placement by translumbar inferior vena cava cannulation using angio-CT unit for cancer patients with superior vena cava syndrome” Kariya et al (2018).

Abstract:

PURPOSE: To evaluate the clinical results of central venous access port (CV port) placement by translumbar inferior vena cava cannulation using angio-CT unit for cancer patients with superior vena cava syndrome.

MATERIALS AND METHODS: A CV port was placed by translumbar inferior vena cava cannulation using an angio-CT unit, in 14 consecutive patients. All patients had occlusion or advanced stenosis of the superior vena cava due to cancer progression.

RESULTS: The technical success rate of the percutaneous translumbar CV port placement was 100%. The only complication related to port placement was bleeding in the right iliopsoas muscle seen on CT in one patient, but it stopped with conservative treatment. The mean initial device service interval was 125 days (range 6-448 days). Complications in the chronic phase occurred in two patients, one with catheter-related infection and the other with catheter breakage, for a rate of 0.44/1000 catheter days. In the patient with the broken catheter, the port chamber placement site was cut and replaced with a new catheter by guidewire exchange.
CONCLUSIONS: CV port placement with translumbar inferior vena cava cannulation using an angio-CT unit for cancer patients with superior vena cava syndrome was safe and effective.

Reference: