

CVAD infection was the most common complication observed in children with severe haemophilia and inhibitors in the frame of the I-ITI study” Rodriguez et al (2015).

Reference:

Rodriguez, V., Mancuso, M.E., Warad, D., Hay, C.R., DiMichele, D.M., Valentino, L., Kenet, G. and Kulkarni, R. (2015) Central venous access device (CVAD) complications in Haemophilia with inhibitors undergoing immune tolerance induction: Lessons from the international immune tolerance study. Haemophilia. July 14th. .

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Abstract:

INTRODUCTION: Central venous access devices (CVADs) are frequently required as stable long-lasting venous access in children with haemophilia, especially those requiring immune tolerance induction (ITI) for inhibitors. CVAD infection is one of the most frequently reported catheter-related complications in this patient population.

AIM: Detailed review of CVAD complications from the International ITI (I-ITI) study and analysis of potential risk factors for such complications.

METHODS: Retrospective analysis of prospectively obtained data from the I-ITI study primarily focused on CVAD-related complications.

RESULTS: A total of 115 children were recruited and 183 CVADs were placed in 99 subjects resulting in 121,206 CVAD-days observed on-study. A total of 124 CVAD infections were reported in 41 of 99 (41%) subjects with an overall infection rate of 0.94 per 1000 CVAD-days (interquartile ranges 0-1.7). A similar number of infections were observed in the two treatment arms (median: 2 and 3 in high dose and low dose respectively). Infections occurred more frequently in the presence of external catheters than with fully implanted catheters ($P = 0.026$). Infected patients were significantly younger at the time of CVAD insertion (median age: 22 vs. 25 months, $P = 0.020$). Patients with Gram-positive infections were also significantly younger than those with Gram-negative infections (median age: 17 vs. 25



months, $P < 0.0001$).

CONCLUSION: CVAD infection was the most common complication observed in children with severe haemophilia and inhibitors in the frame of the I-ITI study. Younger age at CVAD insertion and external CVAD were associated with higher risk for infection. ITI outcome was unaffected by CVAD infections.

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