



When calcified, fibroblastic (formerly known as “fibrin”) sheaths may be easily mistaken for retained catheter fragments. We describe one such case and how imaging was used to recognize the sheath and avoid unnecessary interventions” Baciarello et al (2019).

Abstract:

INTRODUCTION: Fibroblastic sheath formation is a well-known complication of long-term central venous catheters. When calcified, fibroblastic (formerly known as “fibrin”) sheaths may be easily mistaken for retained catheter fragments. We describe one such case and how imaging was used to recognize the sheath and avoid unnecessary interventions.

CASE DESCRIPTION: A patient with systemic sclerosis was referred for port removal because of suspected infection. A later computed tomography scan showed a persistent tubular structure coursing behind the right clavicle, which was also seen in an anteroposterior chest radiograph. Three-dimensional reconstruction and analysis of the structure’s lumen in comparison to previous imaging studies allowed us to confirm that it was, in fact, a calcified fibroblastic sheath. The patient’s course was uneventful thereafter.

CONCLUSION: Three-dimensional computed tomography reconstruction, as well as the hollow appearance of a tubular structure after removal of a central catheter may help differentiate a fibroblastic sheath from a retained catheter fragment. Accurate surgical notes mentioning the length of the catheter at implant and explant are also of paramount importance.

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Reference:

Baciarello, M., Maspero, G., Maestroni, U., Palumbo, G., Bellini, V. and Bignami, E. (2019) If it looks like a catheter and winds like a catheter . . . fibroblastic sheath mimicking a central venous catheter fragment: A case report. *The Journal of Vascular Access*. September 16th. doi: 10.1177/1129729819873488. .

