

## **Implantable port thrombosis (IPT) in cancer patients is a relatively rare but severe complication” Dridi et al (2016).**

Abstract:

**OBJECTIVE:** Implantable port thrombosis (IPT) in cancer patients is a relatively rare but severe complication. Several factors are reportedly associated with the occurrence of thrombosis. We aimed to describe the prevalence and the anatomoclinical features of IPT observed in cancer patients who were treated in a medical oncology department in Tunisia.

**METHODS:** A total of 600 cancer patients who had port implantation from January 2013 to December 2015 were retrospectively identified. Cases with symptomatic/incidental IPT (radiologically confirmed) were further identified. Epidemiological and anatomoclinical features were collected from patient records and the department database.

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**RESULTS:** We observed that 33 of the 600 patients had IPT; thus, the prevalence was 5.5%. The median age was 57 years, and the gender ratio was 0.43. Overweight or obesity was observed in 73% of the patients. IPT occurred mainly in patients with breast (36.4%) and colorectal (33.3%) cancers, which were mostly nonmetastatic (79%). At least one identified classical thromboembolic risk factor was found in 13 patients (smoking in 9, tamoxifen in 2). IPT was symptomatic in 93% of the cases, occurring within an average time of 56 days. Implantable ports were removed because of infection in 2 cases and nonfunctionality in 3 cases. IPT treatment was based on low-molecular-weight heparins (94%) and antivitamin K (6%) for an average of 130 days. Four patients had post-therapy complications: one thrombosis recurrence and three infections.

**CONCLUSIONS:** IPT cases in the 600 patients were observed to occur in obese nonmetastatic cancer patients within the first 3 months after IP implantation.

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Reference:

Dridi, M., Mejri, N., Labidi, S., Afrit, M., Benna, H.E., Miled, K.B. and Boussen, H. (2016) Implantable port thrombosis in cancer patients: a monocentric experience. *Cancer Biology & Medicine*. 13(3), p.384-388.

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