

It was postulated that the severe tricuspid regurgitation and supraventricular tachycardia were caused by the catheter tip malposition. The catheter was subsequently removed. The patient's acute condition resolved and she was referred to cardiothoracic surgery for valvular surgery" Awan et al (2017).

Abstract:

We present the case of a 31-year-old female with a past medical history of B-cell leukemia, on maintenance chemotherapy administered via centrally placed implantable catheter port, who presented to the emergency room with fever, chills, and generalized body pain of one day's duration. After initial workup, the patient was admitted to the intensive care unit and managed for severe sepsis. The patient was found to have a new-onset 3/6 holosystolic murmur at the left lower sternal border.

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Furthermore, she developed an episode of supraventricular tachycardia that responded to adenosine. Transthoracic echocardiogram revealed severe tricuspid regurgitation but without valvular vegetation. Transesophageal echocardiogram further confirmed the absence of vegetation, in addition to visualizing the tip of the catheter tip in the right atrium and interfering with coaptation of the tricuspid valve. It was postulated that the severe tricuspid regurgitation and supraventricular tachycardia were caused by the catheter tip malposition. The catheter was subsequently removed. The patient's acute condition resolved and she was referred to cardiothoracic surgery for valvular surgery.

Reference:

Awan, A., Ahsan, B., Iftikhar, H., Khan, A., Tiruneh, F., Bekele, Y., Mahajan, A. and Awan, A.A. (2017) Supraventricular Tachycardia and Tricuspid Regurgitation in the Setting of Misplaced Implantable Port Catheter Tip. *Cureus*. 9(7), p.e1460.

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