



To explore the clinical efficacy and safety of percutaneous transvenous retrieval of intravascular fractured catheter and to evaluate the possible reasons and final results in cancer patients”
Wu et al (2018).

Abstract:

OBJECTIVE: To explore the clinical efficacy and safety of percutaneous transvenous retrieval of intravascular fractured catheter and to evaluate the possible reasons and final results in cancer patients.

METHODS: A dataset of 19 patients was used. Percutaneous transvenous retrieval of intravascular fractured catheter was performed in each patients. Clinical data was retrospectively analyzed with respect to the efficacy, safety and outcome, and chest radiography was performed to verify that no catheter fragments were left.

RESULTS: Two cases had peripherally inserted central catheter and 17 had subcutaneous implanted port catheter. The catheter fragments were located in the brachiocephalic vein-superior vena cava (n=1), superior vena cava (n=1), superior and inferior vena cava (n=1), superior vena cava-right atrium (n=2), brachiocephalic vein-superior vena cava-right atrium (n=1), superior vena cava-right atrium-right ventricle (n=6), brachiocephalic vein-superior vena cava-right atrium and right ventricle (n=1) and pulmonary artery (n=6), respectively. All of these catheter fragments were retrieved successfully. No complications such as

bleeding and thrombosis were found.

CONCLUSION: Percutaneous transvenous retrieval is a safe, minimally invasive and relatively simple procedure for the patients with fractured catheter and should be recommended as the first choice.

You may also be interested in...

Fractured peripherally inserted central catheter retrieval
Technique for placement of tunneled cuffed central venous catheter
Haemodialysis central venous catheter related central venous thrombosis

ReFERENCE:

Wu, K., Lai, H., Liu, Y. and Zhang, B. (2018) Percutaneous transvenous retrieval of fractured catheter in cancer patients receiving chemotherapy. *Journal of X-ray Science and Technology*. October 6th. .

doi: 10.3233/XST-180430.

