

Peripherally inserted central catheters are recommend to use in the treatment of children with cancer. There should be trained nursing staff to minimize the risk of complications” Rykov et al (2018).

Abstract:

PURPOSE: To review our experience with peripherally inserted central catheters in pediatric cancer patients.

METHODS: The analysis included 353 patients (3 months up to 17 years, mean age 11.2 years) with a variety of cancers diseases, which in 2011-2016, 354 peripherally inserted central catheters were placed. All settings are carried out using ultrasound guidance. In 138 (39%) patients, external anatomical landmarks were used and in 216 (61%) intraoperative fluoroscopy.

RESULTS: Maximal duration of the line was 1.3 years, the lowest 1.5 months, and average 6.3 months. Among the technical difficulties during placement, most frequently have been the migration of the distal end of the catheter into the internal jugular vein against blood flow-32 (9%) patients. In one (0.3%) case, we were unable to catheterize the patient's vein. Among the most common complications of operation were marked peripherally inserted central catheter clot occlusion of the lumen-26 (7.3%) cases. Symptomatic catheter-related thrombosis was observed in 16 (4.5%) cases. Catheter-related blood stream infections were not reported. Removal of peripherally inserted central catheters related to the complications was performed in 30 (8.5%) patients who were later implanted venous ports.

CONCLUSION: Peripherally inserted central catheters are recommend to use in the treatment of children with cancer. There should be trained nursing staff to minimize the risk of complications.

Reference:

Rykov, M.Y., Zaborovskij, S.V., Shvecov, A.N. and Shukin, V.V. (2018) Peripherally inserted central catheters in the treatment of children with cancer: Results of a multicenter study.



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