

Totally implantable chemoports are preferred in children with solid and hematological malignancies because of decreased pain, the rate of infection, and ability to maintain patency for the long term”
Redkar et al (2019).

Abstract:

AIM: The aim of this retrospective analysis was to identify the variously related complications and to study preventive and therapeutic measures for these complications.

MATERIALS AND METHODS: A total of 72 catheters were inserted in 69 patients (mean follow-up of 1140 days) from December 2002 to May 2017. Sixty-four children were diagnosed to have hematological malignancies, and five children had solid tumors. The youngest child was 2 months of age, and the oldest was 15 years, 5 months. Records were analyzed retrospectively for the age, indication, route of insertion, and postoperative complications. A protocol-based insertion and postinsertion handling by trained nursing staff/doctors were instituted, including a periodic training program for those concerned.

RESULTS: Chemoport-related complications were infection in 3 (4.16%), necessitating port removal in one patient. The rest were managed by antibiotic-lock therapy. The other problems were catheter tip occlusion in 1 (1.38%) and extravasation in two patients (2.77%) leading to a sterile collection around the port chamber. An unsightly scar in 4 (5.55%) and granuloma formation at scar site in 1 (1.38%) patient were noted.

CONCLUSION: Totally implantable chemoports are preferred in children with solid and hematological malignancies because of decreased pain, the rate of infection, and ability to maintain patency for the long term. Despite significant advantages over other types of central venous access, chemoports have their own complications. It was also noted that the rate of complications could be minimized by periodic training of all the personnel concerned and following protocol-based handling of ports.

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Reference:

Redkar, R., Bangar, A., Krishnan, J., Raj, V., Swathi, C. and Joshi, S. (2019) Role of Chemoports in Children with Hematological/Solid Tumor Malignancies – Technical Implications and Complications: An Institutional Experience. *Journal of Indian Association of Pediatric Surgeons*. 24(1), p.27-30.

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