



We investigated the rate of bloodstream infections in elderly malignant disease patients whose totally implantable central venous device (CV ports) had been removed for any reason at our hospital” Aota et al (2017).

Abstract:

AIM: We investigated the rate of bloodstream infections in elderly malignant disease patients whose totally implantable central venous device (CV ports) had been removed for any reason at our hospital.

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METHODS: We evaluated 22 elderly malignant disease patients who had had their CV ports removed for any reason between May 2014 to April 2015.

RESULTS: The patients were 12 males and 10 females between 62 and 86 years of age with a median age of 75.5 years. The catheter tip cultures were positive in 6 out of 22 cases (27.3%). Gram-positive cocci were detected in 5 cases, and gram-positive bacilli were detected in 1 case. Five of these 6 cases (83%) found to have positive catheter tip cultures were cultured at the time of death. In addition, 5 of the 13 catheters removed at the time of

death resulted in positive culture results (38%). The positive culture ratio correlated well with the ratio of death and the age in cases of hematopoietic tumors.

CONCLUSION: In cancer patients, the CV port is frequently used for the delivery of anti-cancer medicines. However, CV port infections are underestimated and typically not recognized in a timely manner. Patients suspected of having a CV port infection should be closely observed and the catheter removed immediately. However, it is very difficult to decide to discontinue a CV port, since its removal may render patients more susceptible to blood stream infections due to their poor general health and old age. CV port use should be considered in such cases to prevent future blood stream infections.

Full Text

Reference:

Aota, Y., Okuda, Y., Watanabe, T., Fujiwara, K., Nakamura, I., Yokoyama, T., Gotoh, A. and Sakurai, M. (2017) Totally implantable central venous device-associated blood stream infection in elderly malignant disease patients. *Nihon Ronen Igakkai Zasshi*. 54(1), p.50-55.

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