The surgical treatment of CVC tunnel phlegmon involving radical en bloc excision of suppurated tissues along with the infected CVC shortens hospitalisation, expedites the insertion of a new CVC, and potentially reduces treatment costs" Ławiński et al (2016).

Abstract:

INTRODUCTION: The ESPEN guidelines on long-term (> 3 months) parenteral nutrition recommend the use of tunnelled central venous catheters (CVCs) to minimise the risk of insertion site infection. A developed symptomatic infection of the soft tissue tunnel surrounding a CVC may rapidly become directly life threatening if the infection progresses along the catheter tunnel towards its end inserted into the venous system. This requires immediate management to eliminate infection and limit its effects.

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AIM: To compare two surgical techniques for the treatment of suppurative inflammation of a CVC tunnel: conventional drainage of the infected tissues (surgical technique A) vs. radical en bloc excision of the infected tissues together with the infected central catheter (surgical technique B).

MATERIAL AND METHODS: Seventy-three patients hospitalised due to CVC tunnel phlegmon between April 2004 and May 2014 were included in the retrospective study. Thirty-four (46.5%) patients underwent surgical procedure A and another 39 (53.5%) underwent procedure B.

RESULTS: The mean duration of antibiotic therapy following procedure A was 8 ±3 days, whereas procedure B required 7 ±2 days of antibiotic therapy (NS). The mean hospitalisation period following procedure B was over 8 days shorter in comparison to that following procedure A (16.54 ±7.59 vs. 24.87 ±10.19, p = 0.009, respectively).

CONCLUSIONS: The surgical treatment of CVC tunnel phlegmon involving radical en bloc excision of suppurated tissues along with the infected CVC shortens hospitalisation, expedites the insertion of a new CVC, and potentially reduces treatment costs.

Reference:

Ławiński, M., Forysiński, K., Bzikowska, A., Kostro, J.Z., Gradowska A. and Pertkiewicz, M. (2016) A comparison of two methods of treatment for central catheter tunnel phlegmon in home parenteral nutrition patients. Przegląd Gastroenterologiczny. 11(3), p.170-175.

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