

CLINICAL IMAGE

Catheter detachment

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A 59-year-old woman presented with a venous drip infusion problem with her implanted venous infusion port. She was diagnosed with stage IV pancreatic cancer and hospitalized to receive the best supportive care. She had poor peripheral venous access. Twenty-eight days prior to the drip infusion problem, she had a venous port implanted using the right subclavian vein to secure vascular access. The procedure was performed in an interventional radiology suite, and we confirmed the appropriate placement of the catheter. The venous port was used almost every day after it was implanted. On examination, her skin surface over the venous port was smooth. It was not red, and she did not feel any pain or tenderness in the area. However, upon attempting to flush the port with normal saline, we felt resistance and noted subcutaneous swelling. We discontinued the use of the implanted venous port. A simple chest radiograph revealed that the catheter (Fig. 1, black arrows) was disconnected from the port (Fig. 1, white arrowheads) and located in the superior vena cava. Subsequently, radiologists successfully removed the catheter via the inguinal vein. There were no complications because of the detached catheter. Catheter detachment is one of the most common complications of implantable venous access systems and has an incidence rate of 0.38–6% [1, 2]. This complication can happen over 1 year after port implantation [3]. A simple chest X-ray can easily reveal catheter detachment. To prevent further serious complications, such as cardiac arrhythmias or myocardial perforation [3], we must be cautious when using implantable venous infusion ports.

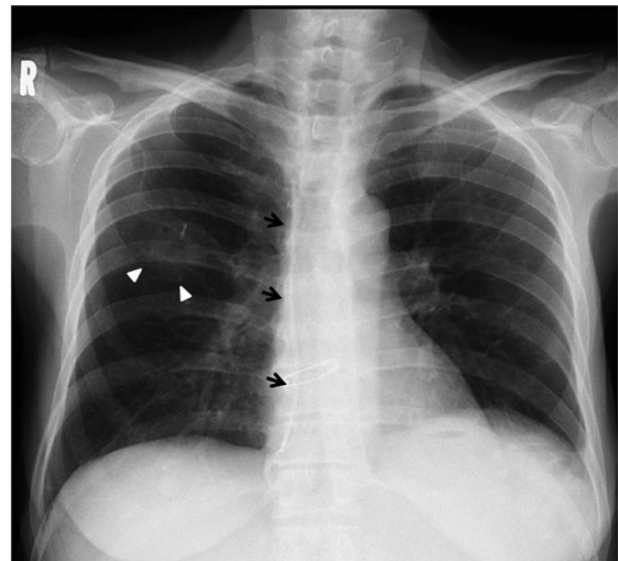


Figure 1: Chest X-ray showing the detached catheter from the port.

CONFLICT OF INTEREST STATEMENT

None declared.

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