

IMAGES IN INTERVENTION

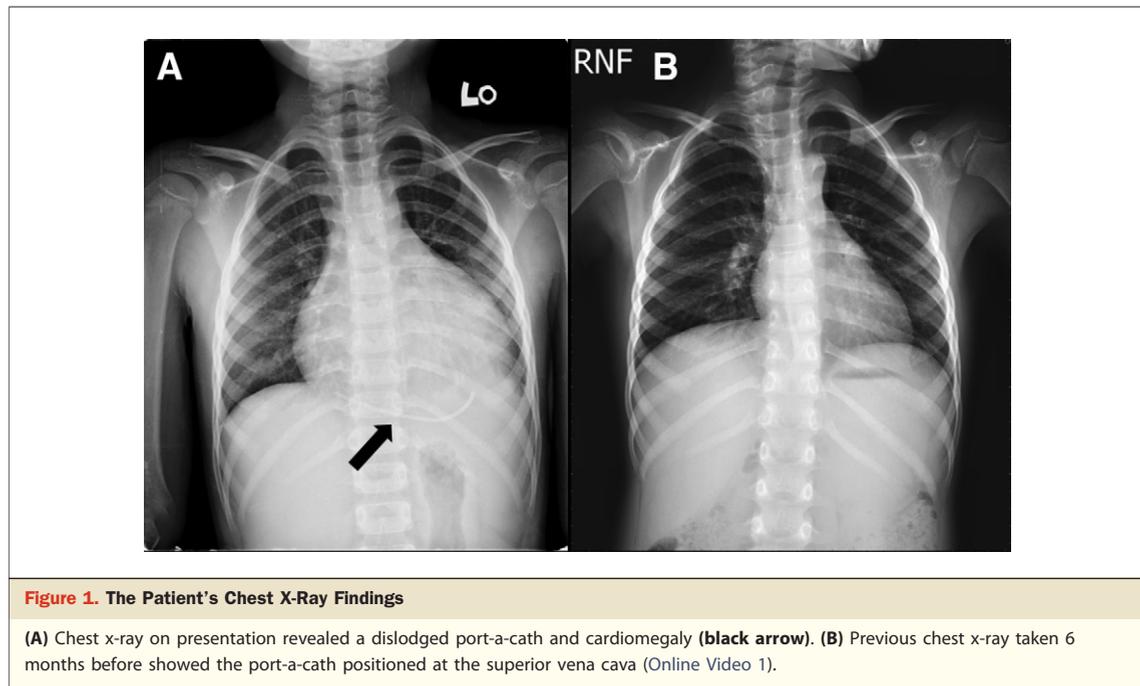
A Magic Port-A-Cath

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A 7-year-old boy with Burkitt's lymphoma was referred by pediatric oncologists for severe chest pain when flushing a port-a-cath. Chest x-ray

showed a dislodged port-a-cath and cardiomegaly (Fig. 2B), which was then retrieved through the sheath (Fig. 2C).



showed a dislodged port-a-cath and cardiomegaly (Fig. 1A) compared with the last film taken 6 months earlier (Fig. 1B). Echocardiography revealed pericardial effusion and a dislodged catheter in the pericardium.

To avoid surgical removal, access was established using a 7-F sheath via the subxiphoid approach into the pericardium (Fig. 2A). A 5-F end-hole catheter was then introduced through the sheath, and a 25-mm AndraSnare catheter (An-

dramed, Reutlingen, Germany) was used to capture the dislodged port-a-cath (Fig. 2B), which was then retrieved through the sheath (Fig. 2C).

After the procedure, the 7-F sheath was changed to a 6-F pig-tail drainage catheter (Fig. 2D), and a total of 170 ml of bloody fluid was drained. The procedure took about 14 min, and fluoroscopy time was 1.6 min. The drainage tube was removed 3 days later after confirming there was no more hemopericardium by echocardiography (Online Video 1).

Port-a-cath dislodgment is not an unusual complication. The reported incidence rate ranges from 1.4% to 4.1% (1–3). Transcatheter retrieval was introduced in 1967 (4), and after the invention of the Amplatz GooseNeck snare catheter (ev3 Endovascular, Plymouth, Minnesota), the procedure has since become very effective, with almost a 100% success rate (3). However, transcatheter retrieval of a port-a-cath from the pericardium has not been previously

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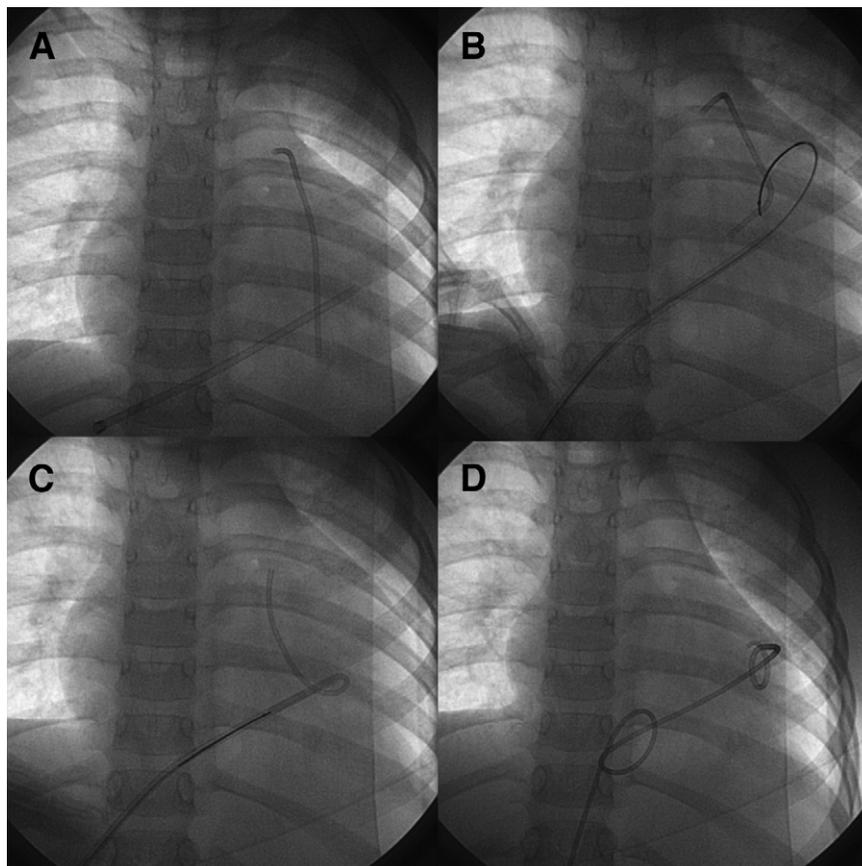


Figure 2. Interventional Procedure

(A) A 7-F short sheath was introduced into the pericardium via the subxiphoid approach. (B) A 25-mm snare catheter was used to capture the catheter. (C) The dislodged catheter was pulled out of the pericardium through the sheath along with the snare catheter. (D) The 7-F sheath was changed to a pig-tail drainage tube.

reported. The possible mechanism is the vigorous flushing of the thrombosed catheter, causing it to disconnect and penetrate the thin wall of the right atrium like an arrow. The negative pressure of the thorax then caused the entire catheter to migrate into the pericardium. This case emphasizes that flushing of a port-a-cath should be gently done, and percutaneous retrieval may be a safe and effective method.

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