

中文題目：自發性位移的內植式中央靜脈導管

英文題目：Spontaneous Migration of a Port-A-Cath Catheter

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摘要：

Case Presentation

A 26-year-old man with a history of pulmonary adenocarcinoma, TNM Stage:IV (T4N2M1) had had severe cough related to obstructive pneumonitis. He received venous port implantation for chemotherapy and the postoperative chest radiograph confirmed adequate catheter position (via right subclavian vein, into superior vena cava). Two days later, however, the chest radiograph showed the position of the catheter changed, with the tip into right internal jugular vein. The surgeon soon arranged surgical repositioning of the catheter with a guide-wire and shortened the catheter intraoperatively. The chest radiograph intraoperatively confirmed adequate position of the catheter. The patient remained having severe cough. Two days later, again, the chest radiograph showed the tip of the catheter in the right internal jugular vein. Therefore, the venous port was removed and a new one was implanted into right femoral vein.

Discussion

Venous port systems are broadly used for chemotherapy. Although it is rarely, dislocation of the tip of venous port may cause many complications (venous thrombosis, infection, and neurological complications). We described a case suffered from spontaneous migration of catheter to right internal jugular vein, which may be related to severe cough. Repositioning with guide-wire and shortening of the catheter were tried, but the catheter migration to right internal jugular vein again. Through literature review, we found two similar case reports from National Taiwan University Hospital. Replacing the catheter with a longer one was performed in the cases, and migration of the catheter was not noted again. In contrast, our case demonstrated that shortening the catheter may increase the risk of spontaneous migration.

In conclusion, we suggested exchanging the catheter with a longer one while spontaneous migration was noted. Routine follow-up chest radiograph may be necessary before each session of chemotherapy.