

**TRANSCATHETER RETRIEVAL OF DISLODGED PORT-A CATHETER FRAGMENTS:
AN EXPERIENCE OF ONE INSTITUTE**

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OBJECTIVE:The purpose of the present study is to investigate the incidence and location of
dislodged port-A catheter fragments and the efficacy and safety of transcatheter retrieval of
dislodged port-A catheter in our hospital.

MATERIALS AND METHODS:Forty-seven cancer patients referred to our catheterization
laboratory for retrieval of the fractured Port-A catheter, were enrolled from January 2005 to March
2006. The procedures were performed under hospital basis and the patients followed up in the
outpatient department for at least 1 month after the procedures. The characteristics of all fractured
port-A catheters were recorded. The procedure-related clinical status was evaluated.

RESULTS:The most common location of fractured catheter tips was between the right atrium and
inferior vena cava (11/47). Forty six of the forty seven (97.8%) dislodged catheters were
successfully retrieved by the transcatheter method. Only one patient received surgical intervention
because of failure to retrieve the dislodged catheter. Most of the procedures were performed with
standard vascular tools (loop snares and pigtail catheters). In our experience, more sophisticated
devices such as grasping forceps, baskets, or flexible triple-grasping forceps have the drawback of
limited value compared to loop snare and even carry considerable risk of perforation. The
complication of this procedure was fairly low (2/47); only one patient developed hematoma at the
right groin due to concomitant thrombocytopenia and another had flailing of the tricuspid valve
damaged by a fragment passing though the tricuspid valve.

CONCLUSION:The most frequent locations of dislodged port-A catheters are the right atria and
inferior vena cava, where they are technically easier to remove by the endovascular approach with
few complications reported. Therefore retrieval of dislodged port-A catheters by the endovascular
approach might be the first choice of treatment because it is both safe and effective.

Keywords: Transcatheter Retrieval, dislodged Port-A Catheter