

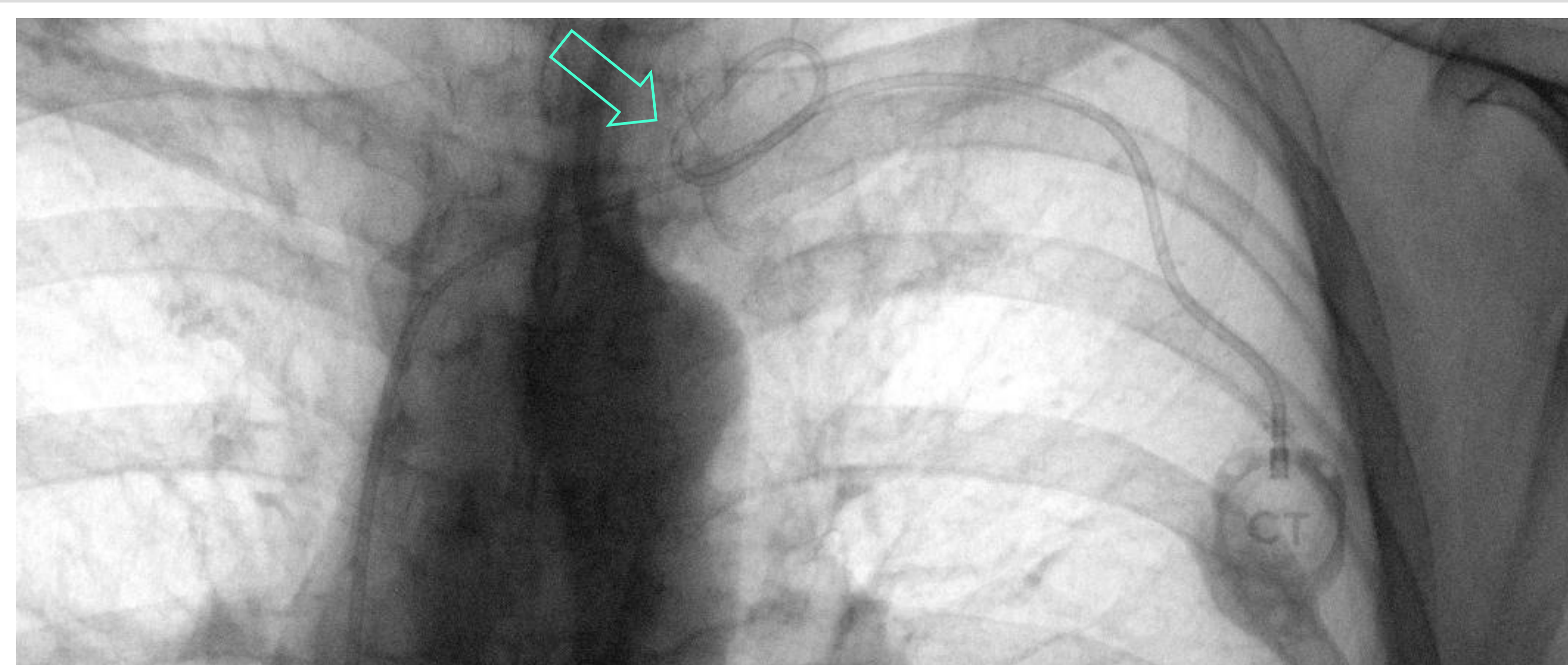
Catheter loop detected in port-a-cath inserted from the left axillary vein by chest x-ray

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Introduction:

An intravenous port-a-cath is inserted in our center under ultrasonography and ECG navigation without fluoroscopy. The preferred access for catheter insertion is through the right internal jugular vein. Less often, the right axillary vein and the left internal jugular vein are selected. At least we use the left axillary vein. The following case describes the complications we encountered when the catheter was inserted from this access.



Case report:

55 years old woman with the right breast cancer was indicated for the insertion of a port-a-cath. On the basis of the ultrasonographic scan the insertion via the left vena axilaris was selected as the most suitable. Under ultrasonographic and ECG navigation catheter was inserted without complications into the area of cavoatrial junction. At the end of the performance, the port-a-cath was fully functional. However the following chest x-ray revealed a catheter loop at the point of the connection of the left internal jugular vein and the left subclavian vein - see x-ray picture. It was a reason for revision of the catheter position under fluoroscopy control.

Conclusion:

This case demonstrates that in the case of insertion of a port-a-cath without fluoroscopy, it is important to assess the length of the catheter placed in the vein, especially when inserted from the left axillary vein.

