

Femoral PICC-Port for outpatient chemotherapy in a patient with upper limbs amputation and chest injuries due to electrocution.

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A 66-year-old patient with metastatic squamous cell lung cancer who requires outpatient chemotherapy and immunotherapy with carboplatin, paclitaxel and pembrolizumab regimen every 21 days, presents amputation of upper limbs and injuries with chest grafts due to electrocution in a laboral accident, which contraindicate cannulation in arms and chest.

Methods:

Following the DAV-Expert vascular access selection algorithm a 5 fr 1 lumen polyurethane PICC-port was canalized in the right superficial femoral vein, 50 cm, with maximum barrier precautions and modified Microseldinger technique with a 4 cm subcutaneous tunnel to leave the camera over in the mid-thigh, closure is performed with resorbable suture and approximation of the edges with cyanoacrylate.

The correct tip position in inferior vena cava was verified with transhepatic ultrasound..

Results:

Outpatient Chemoimmunotherapy, blood draws and contrast imaging tests were administered without incident or complications for 150 days until death. The patient verbalized his increased quality of life and comfort with the PICC-Port canalization.



Conclusions: The PICC-Port cannulated in the superficial femoral vein is a safe venous access for the administration of outpatient chemotherapy and immunotherapy in patients with contraindications for cannulation in the upper limbs and thorax,.

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