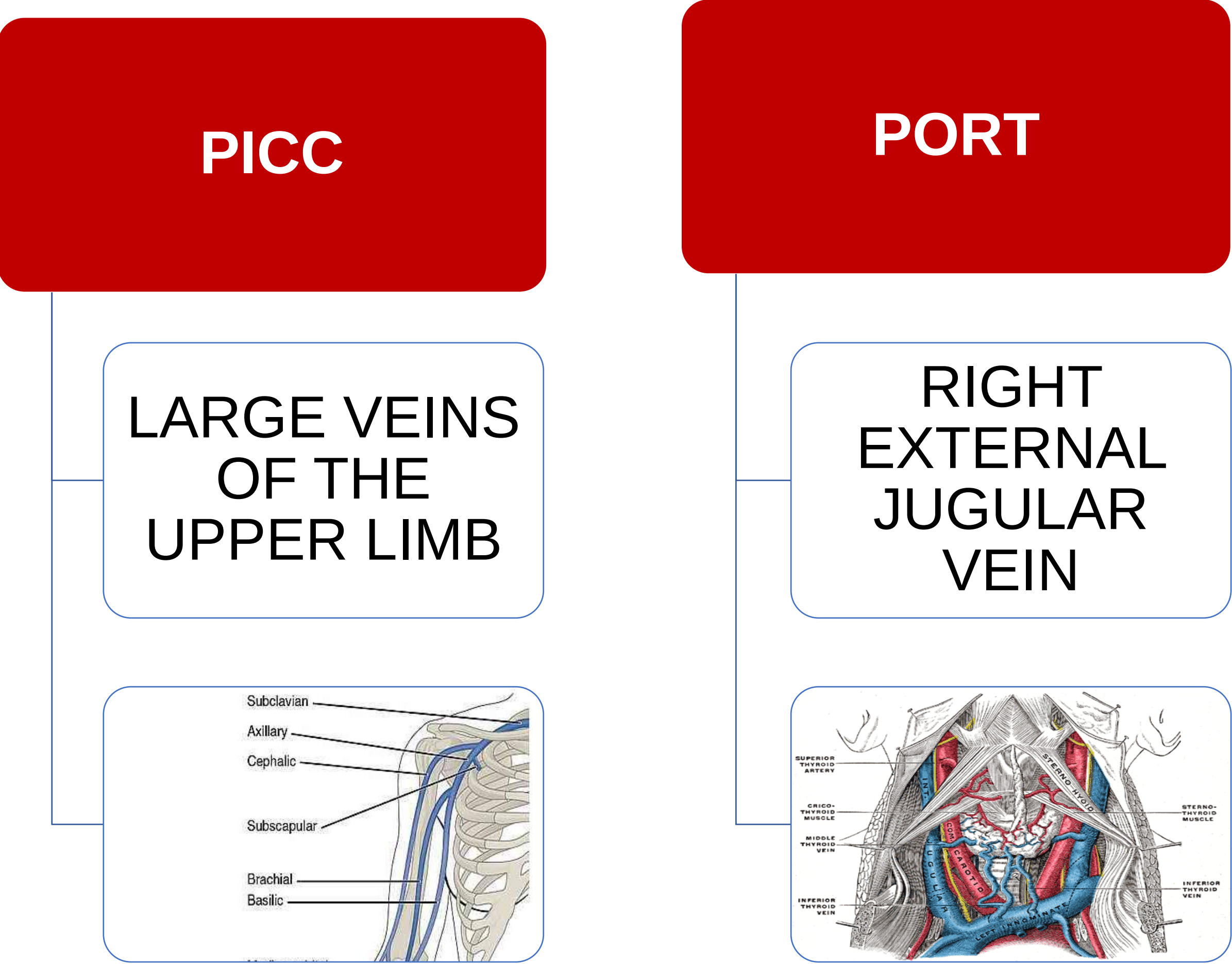


IMPLANTATION OF CENTRAL VENOUS CATHETERS IN NON TYPICAL SITES: PRESENTATION OF THREE CASE REPORTS

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INTRODUCTION

TYPICAL SITES OF PICC & PORT PLACEMENT

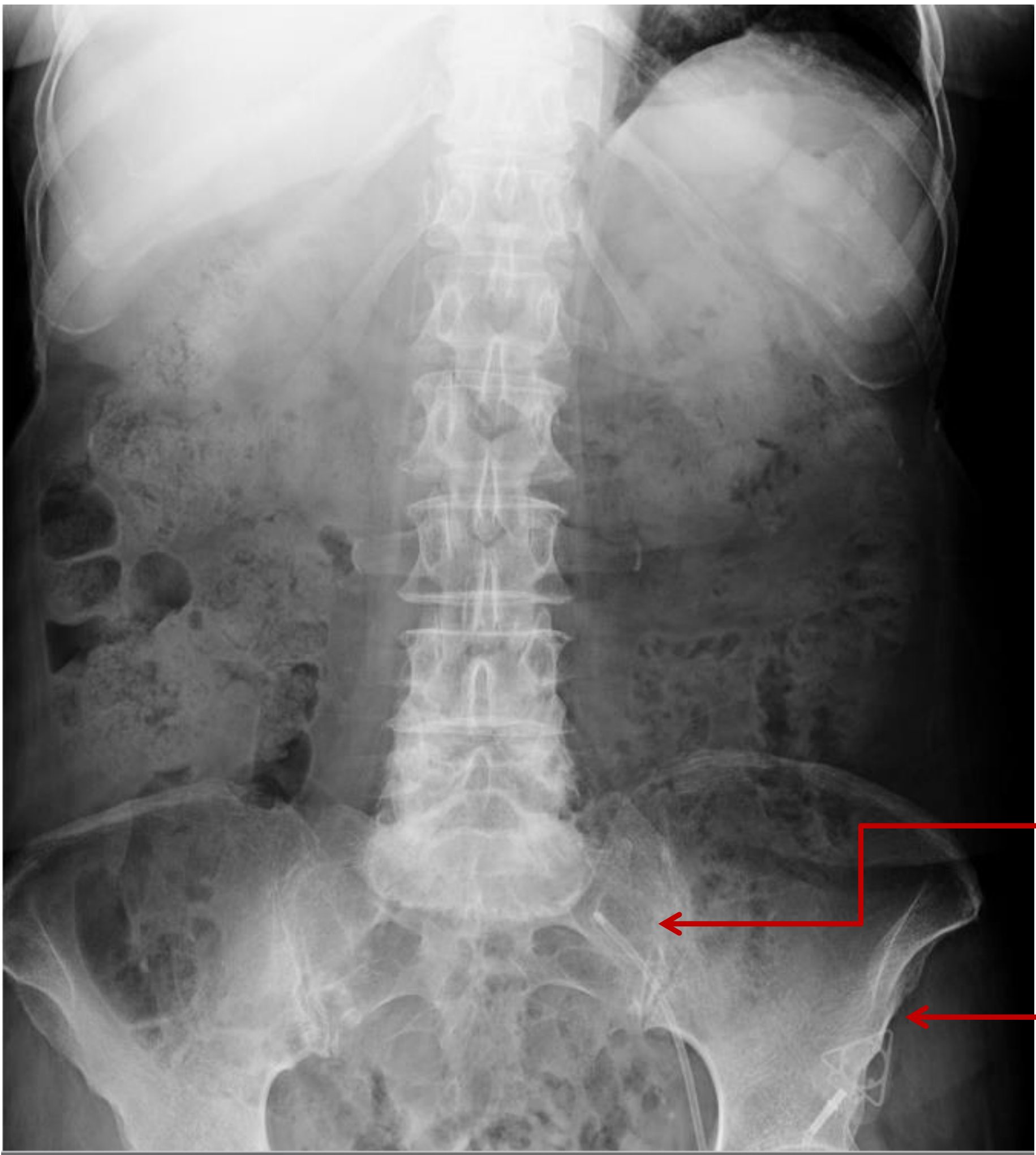


LAST 7 YEARS

- 1932 PICCs / 835 PORT-A-CATH
- 3 CASES OF NON TYPICAL SITES OF PLACEMENT.

1ST CASE

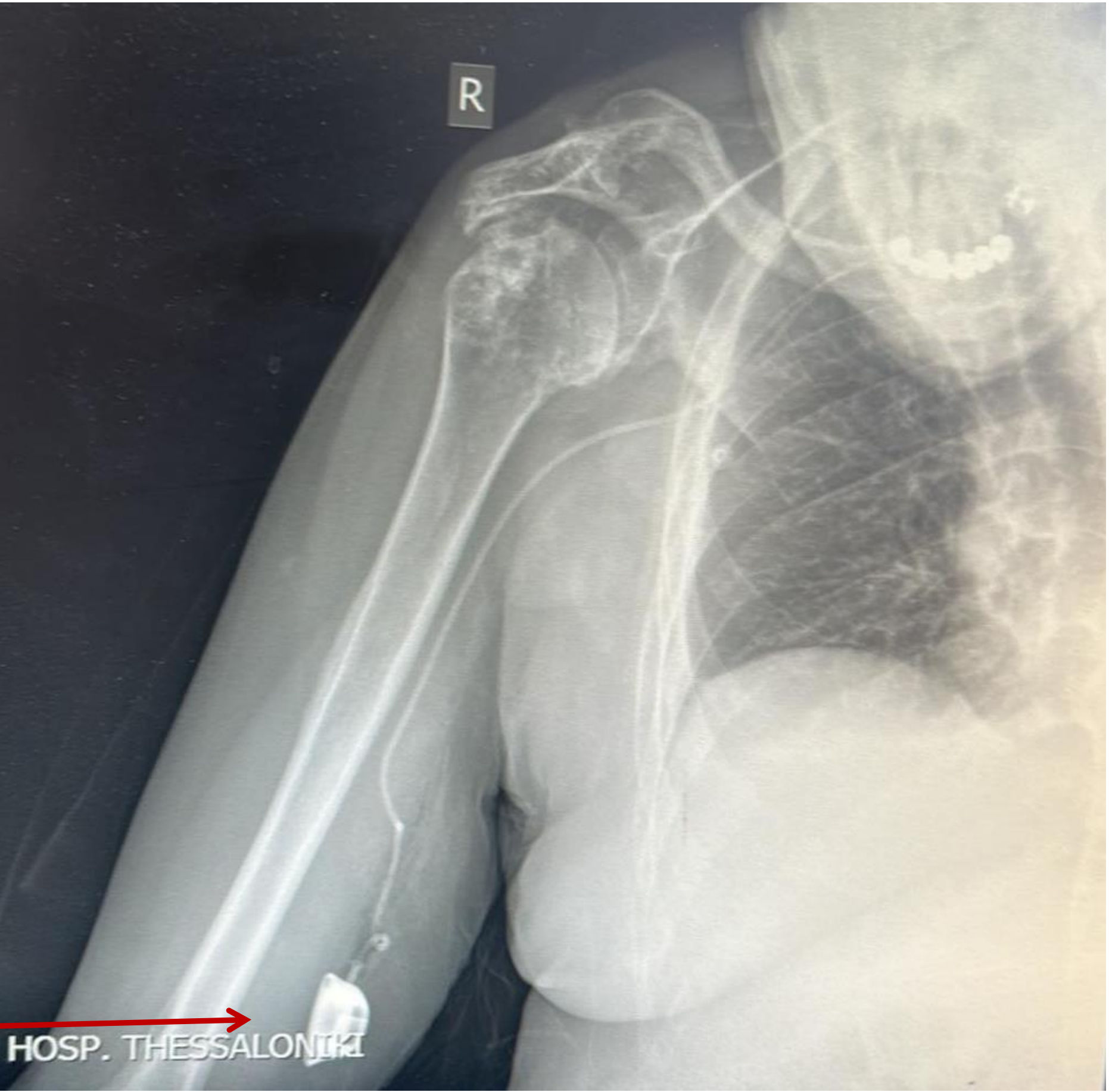
- ❖ FEMALE PATIENT 63yo
- ❖ LUNG CANCER
- ❖ SUPERIOR VENA CAVA SYNDROME
- ❖ CATHETER IN LEFT COMMON FEMORAL VEIN
- ❖ RESERVOIR IN LEFT ANTEROLATERAL WALL PROXIMAL TO LEFT ANTERIOR ILIAC SPINE



XRAY SHOWING PORT-A-CATH SITE IN LEFT COMMON FEMORAL VEIN

2ND CASE

- MALE PATIENT 72yo
- ADVANCED LARYNGEAL CANCER
- TRACHEOSTOMY
- CERVICAL LYMPHADENOPATHY
- ACCESS TO THE INTERNAL JUGULAR VEIN NOT POSSIBLE
- SLIM PORT-A-CATH (6Fr) IN RIGHT BASILIC VEIN(**PERIPHERALLY INSERTED PORT –A-CATH/PIPAC**)
- RESERVOIR IN SUBCUTANEOUS TISSUE OF THE MEDIAL SURFACE OF THE ARM, ABOVE THE FASCIA OF THE LONG HEAD OF THE BICEPS BRACHII MUSCLE



XRAY SHOWING PORT-A-CATH SITE IN RIGHT BAASILIC VEIN

3RD CASE

- FEMALE PATIENT 43yo
- ACCUTE LYMPHOBLASTIC LEUKEMIA (STAGE OF APLASIA)
- MARKET THROMBOCYTOPENIA
- LACK OF OPTIONS FOR PERIPHERAL VENOUS ACCESS
- PICC IN THE RIGHT INTERNAL JUGULAR VEIN



CONCLUSION

UNDER SPECIFIC CLINICAL CIRCUMSTANCES, IMPLANTATION OF CENTRAL VENOUS CATHETERS IN NON-TYPICAL SITES IS A FEASIBLE OPTION, ASSOCIATED WITH SAFETY AND GOOD FUNCTIONALITY, WHEN PERFORMED BY CLINICIANS WITH EXPERTISE AND TECHNICAL BACKGROUND