

PORT-A-CATH CATHETER INFECTION SHORTLY AFTER IMPLANTATION: PRESENTATION OF TWO CASES FROM OUR DEPARTMENT

IOANNIDIS ORESTIS, ELISSAVET ANESTIADOU, KONSTANTINOS SIOZOS, LYDIA LOUTZIDOU, PANAGIOTIS CHARITIDIS, KONSTANTINOS ZAPSALIS, MANOUSOS-GEORGE PRAMATEFTAKIS, EFSTATHIOS KOTIDIS, VASILEIOS FOUTSITZIS, STAMATIOS ANGELOPOULOS

4TH DEPARTMENT OF SURGERY, MEDICAL SCHOOL, ARISTOTLE UNIVERSITY OF THESSALONIKI, GENERAL HOSPITAL “GEORGE PAPANIKOLAOU”, THESSALONIKI, GREECE

Port-A-Cath systems (PCS) are central venous catheter used mainly for long-term intravenous administration of chemotherapy agents. About 5.000.000 PCS are implanted in the United States every year. Most common veins used for PCS implantation are the internal jugular vein and the subclavian vein. Among the most commonly reported complications are infection and catheter dysfunction. Proper central venous catheter insertion by an expert team may lead to a decrease of 20% in infectious complications.

Case reports: During the last 3 years, 855 patients have undergone PCS implantation in our academic, tertiary department. However, in two patients, infection in the entry point was developed. Patients were a male of 57 years old and a female patient of 61 years old, diagnosed with extrahepatic cholangiocarcinoma and breast cancer, respectively. Infection of the entry point was noted on day 5 and 6 after port-a-cath placement, respectively. Both patients reported fever and sensitivity around the entry point, and swelling and redness around the entry point was observed. Catheters were removed and sent for culture. In addition, swab test cultures from the entry point and bloodstream cultures were collected. Patients were hospitalized and received intravenous antibiotic regimens, while implantation of new catheters on the contralateral side was performed after negative blood culture results and after prophylactic administration of cefazolin. After discharge, amoxicillin/clavulanic acid was prescribed for per os administration.

Infections of PCS include pocket and/or tunnel cellulitis or catheter-related blood stream infections. Incidence of port associated infection ranges from 0.6 to 27%. Early recognition includes requires a series of laboratory tests as well as the targeted antibiotic treatment. Routine antibiotic prophylaxis not considered necessary, but in cases of PCS-related infections, reimplantation is performed under antibiotic treatment, preferably on the contralateral site.