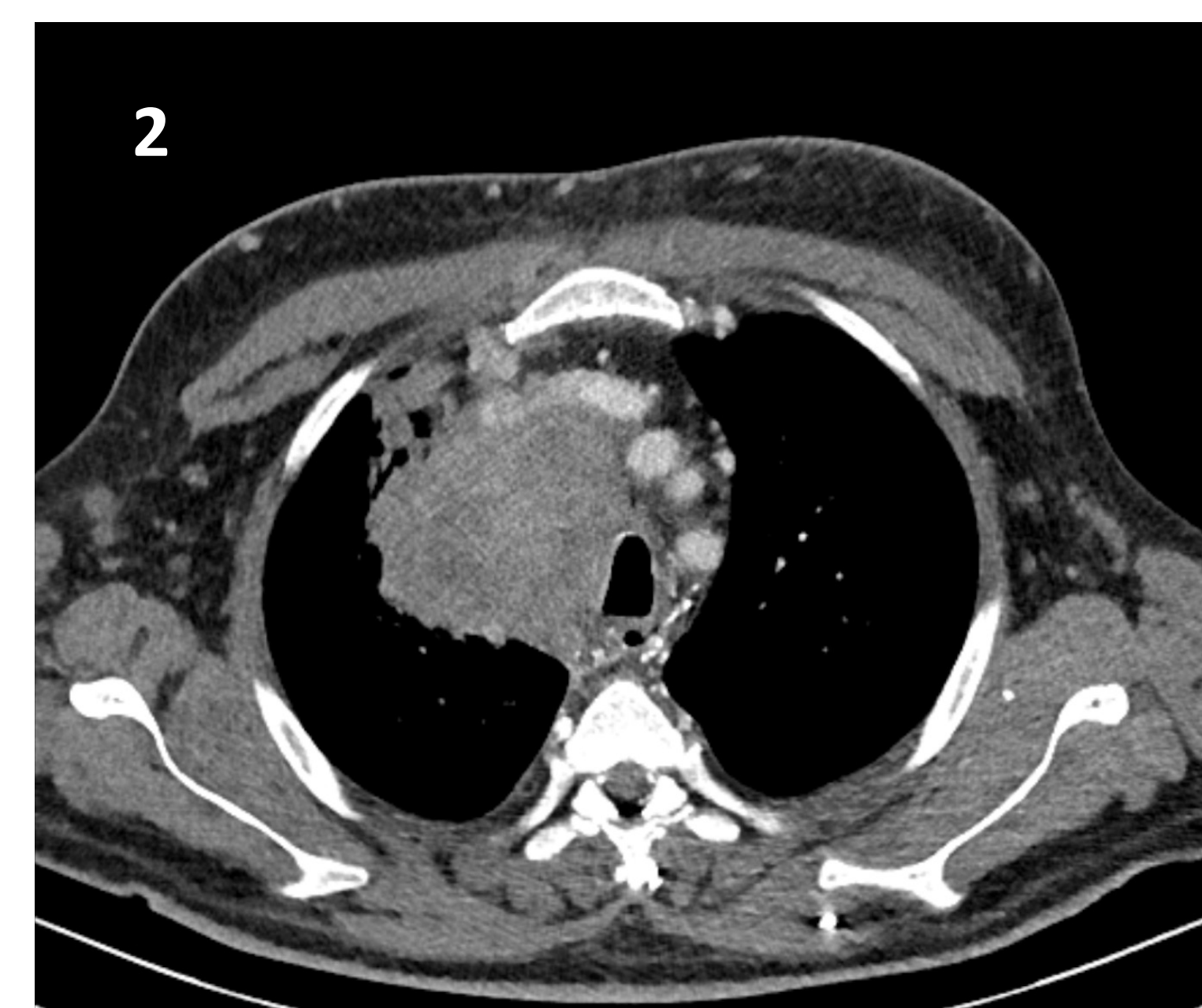


Introduction

- Nowadays **centrally inserted central catheter ports (CICC ports)** are an **essential part** of most **oncologic treatments**.
- The use of **ultrasound guidance (USG)** is now recommended as the **first approach** as it reports higher first insertion attempt success rates and a lower rate of complications such as arterial puncture for both jugular and axillary approaches^{1,2}.
- However, in the face of a **superior vena cava occlusion**, **alternative access** such as the **femoral vein** should be investigated.
- In this case we present a **CICC port placement** in the **femoral vein** for a **superior vena cava syndrome**.

Case Presentation

- Male** patient;
- 44 years;
- Adenocarcinoma of unknown primary origin** presenting with both cervical and mediastinal masses;
- Superior vena cava syndrome**;
- Chemotherapy**;



Figures 1 and 2 – Chest CT scan showing mediastinal mass causing superior vena cava occlusion.

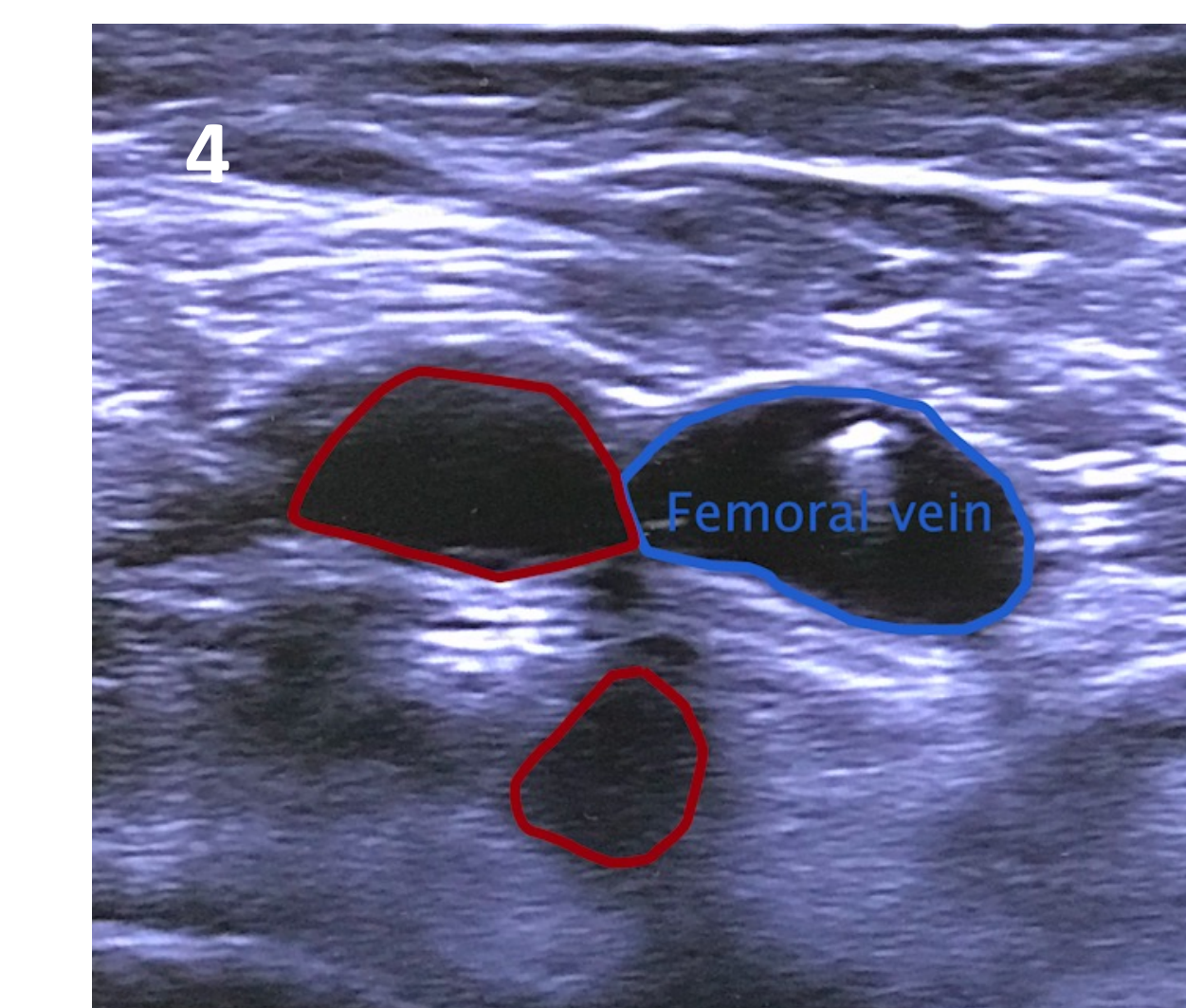
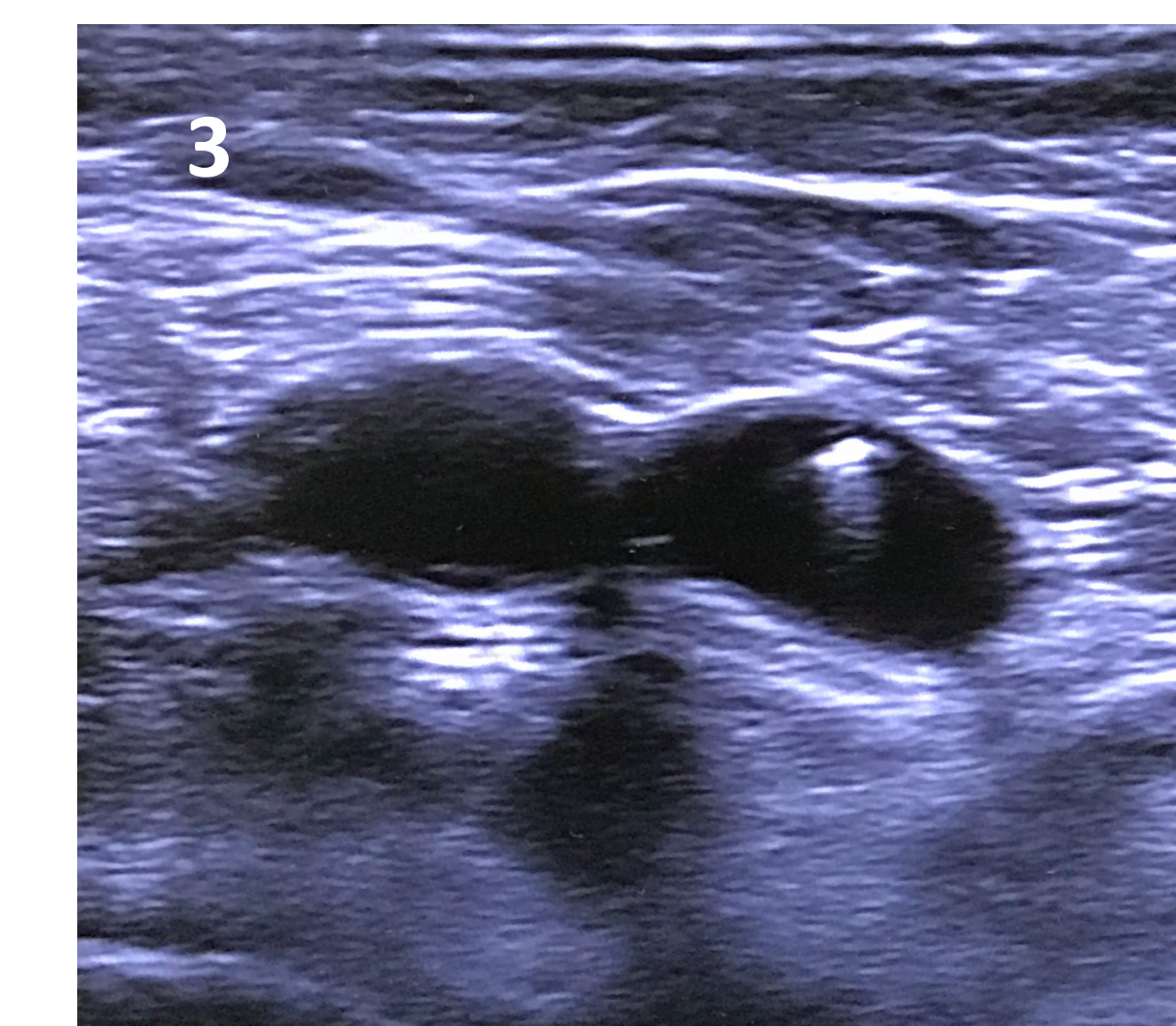
-Technique:

- Asseptic;
- Local anesthesia;
- Modified Seldinger technique USG;
- Fluoroscopy and post procedure x-ray;

Reference:

- 1-Practice Guidelines for Central Venous Access 2020: An Updated Report by the American Society of Anesthesiologists Task Force on Central Venous Access. Anesthesiology. 2020 Jan;132(1):8-43.
- 2-Lamperti M, Biasucci DG, Disma N, Pittiruti M, Breschan C, Vailati D, Subert M, Traškaitė V, Macas A, Estebe JP, Fuzier R, Boselli E, Hopkins P. European Society of Anaesthesiology guidelines on peri-operative use of ultrasound-guided for vascular access (PERSEUS vascular access). Eur J Anaesthesiol. 2020 May;37(5):344-376

Procedure



Figures 3 and 4 – Femoral vein cannulation under ultrasound guidance.



Figure 5 – Guidewire placement.

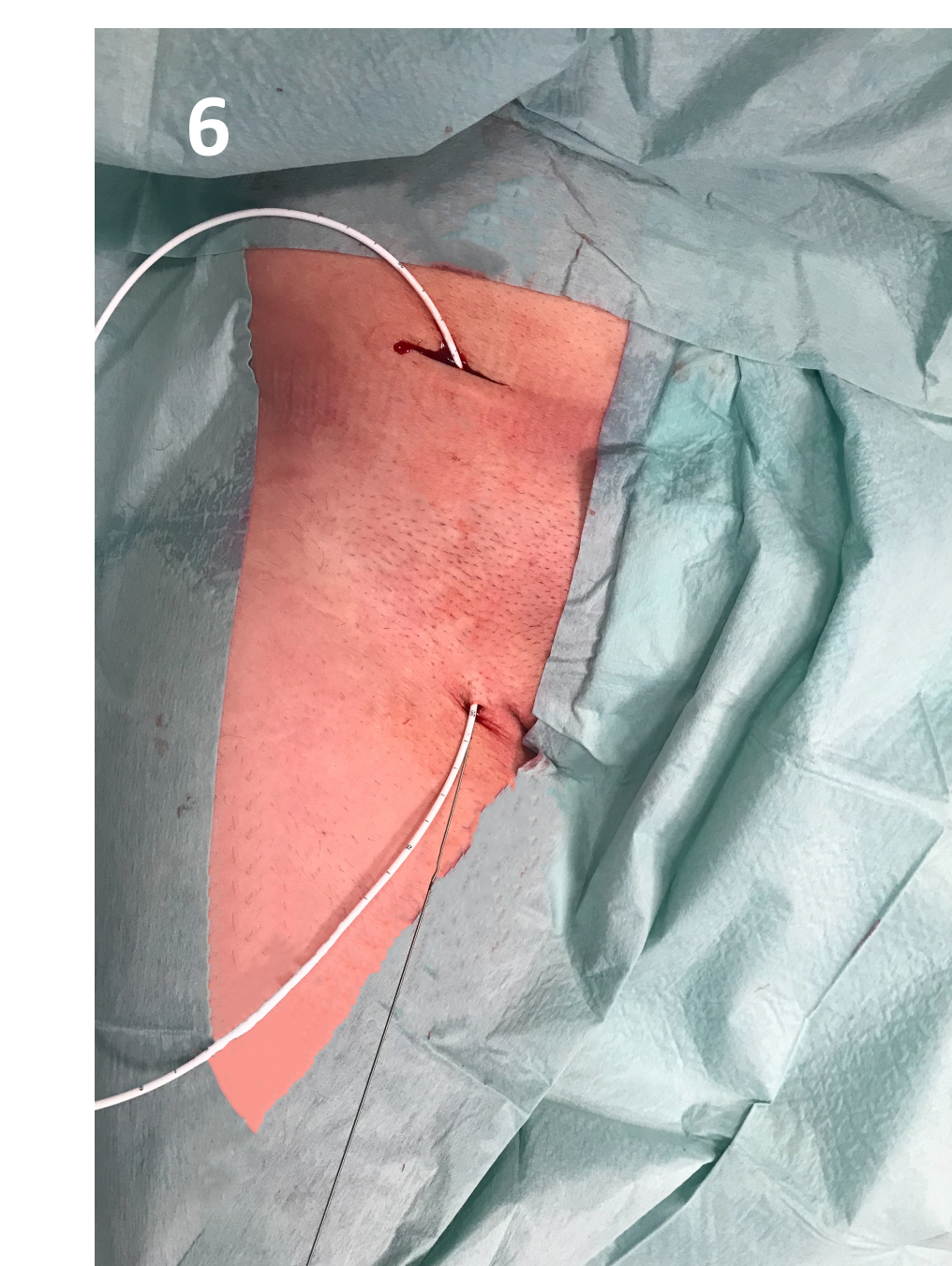


Figure 6 – Tunneling.

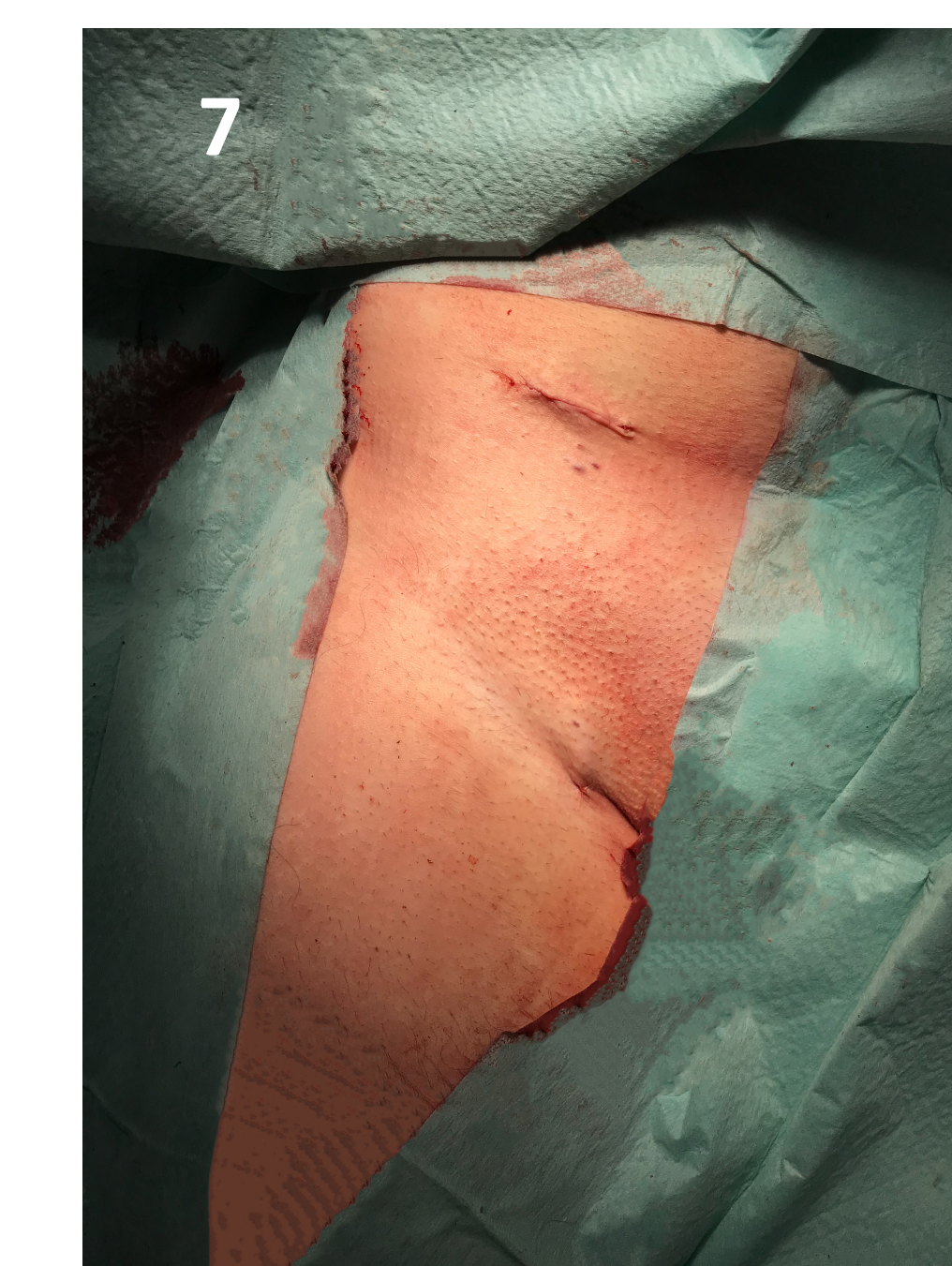
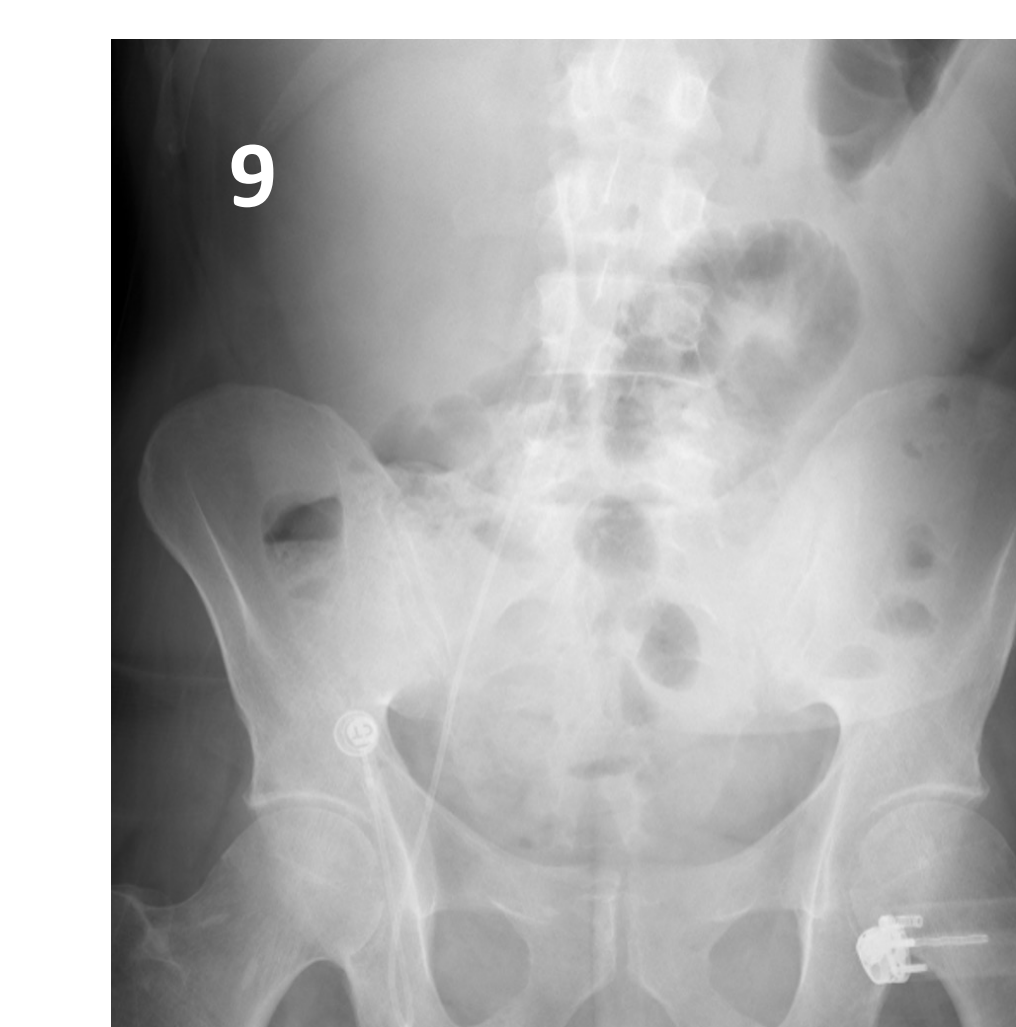
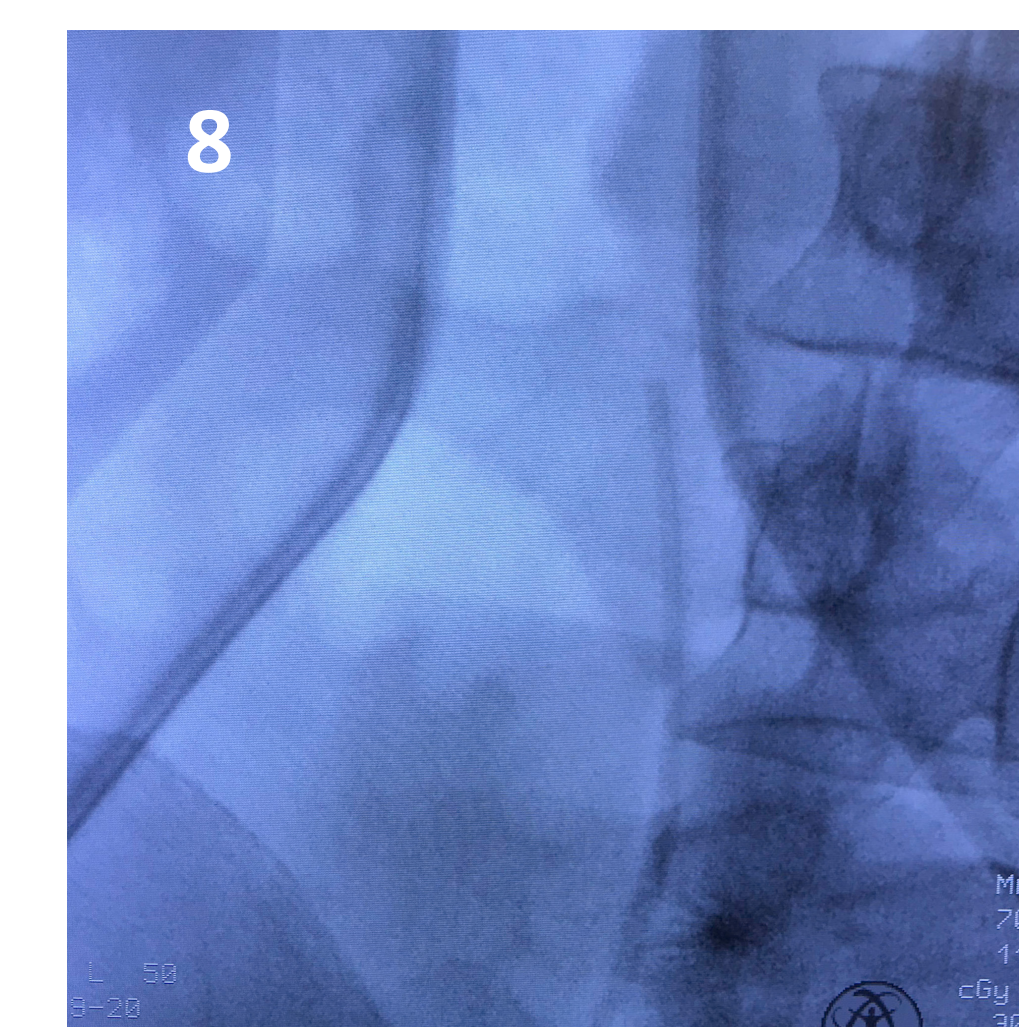


Figure 7 – Port implanted subcutaneously on the lateral side of the right hip.



Figures 8 and 9 – Catheter tip position was confirmed under fluoroscopy during the procedure (8) and post-procedure with an abdominal x-ray (9).

After 12 months no complications were reported

Conclusion

-The **femoral vein** is an **alternative access** in the face of a **superior vena cava occlusion**. **Femoral access** is **easy to perform** without technical difficulties and it can be an **opportunity to continue with the chemotherapy** program in these situations.