From PICC to Femoral Access: Successful Management of Central Venous Obstruction in an Oncology Patient

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Introduction

Reliable long-term central venous access is essential for chemotherapy in oncology patients.

Peripherally inserted central catheters (PICCs) are widely used; however, **Superior Vena Cava Syndrome (SVCS)** may represent a challenging problem with upper-extremity central access.

This case describes the vascular access management of an oncology patient who developed SVCS and required **femoral central venous access** to continue treatment.

Methods

58 y.o. female patient with Vascular Access History:

- On February 2023 a PICC was inserted for parenteral nutrition (12 days) in the context of surgical treatment of acute peritonitis.
- On October 2023 was diagnosed with malignant thymoma, PICC inserted for chemotherapy (4 months)
- On March 2025: Disease recurrence diagnosis. A new PICC was requested, but guide's progression to the SVS failed due to SVCS obstruction. The distal tip malpositioned into the azygos vein (Fig. 1)
- **Multidisciplinary intervention:** Tunneled FICC placed in right femoral vein. Procedure performed by interventional radiologist assited by vascular access team under ultrasound and fluoroscopy guidance (Fig. 2) Catheter was successfully secured with SecurAcath® (Fig. 3)

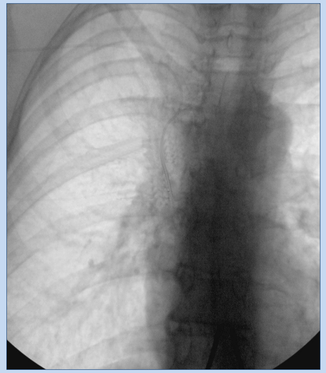

Fig 1

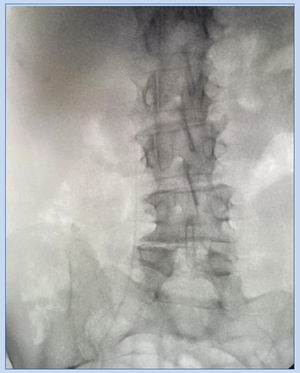

Fig 2

Fig 3

Results

FICC provided continuous central venous access from 21/03/2025 to 27/05/2025.

Chemotherapy completed without complications (no infection, thrombosis, MARSI or displacement)

FICC was well tolerated by the patient daily, just some discomfort in the shower by the needing of covering it.

Conclusions

FICC can be a safe and effective alternative when upper-body venous access is compromised by SVCS or it is not possible for other reasons.

This case highlights the importance of a multidisciplinary vascular access team.