ASL ROMA 1

WoCoVA 9th World Congress on Vascular Access | 15-17 APRIL 2026 VALENCIA SPAIN

Secondary Malposition of a FICC-Port : A Case Report

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INTRODUCTION

FICC-ports are a safe option for patients requiring totally implanted central venous access with contraindications to chest or brachial access (1). Despite their reliability, late complications such as infection, thrombosis, and, rarely, catheter malposition may occur. Mechanical causes of tip migration remain poorly described, particularly those related to increased intra-abdominal pressure.

CASE DESCRIPTION

An 80-year-old male with lung cancer underwent implantation of a right-sided 5.5-Fr FICC-port. The procedure was uneventful, and correct catheter tip position in the subdiaphragmatic inferior vena cava was confirmed by chest and thigh X-rays (Figure 1).

Three weeks later, the patient developed sudden device malfunction, without signs of infection or thrombosis. Imaging revealed secondary catheter malposition with a loop in the femoral vein (Figure 2).

Recent history of severe constipation with repeated straining suggested a possible role of increased intra-abdominal pressure.

CONCLUSION

Severe constipation could contribute to secondary FICC-port malposition. Similar mechanisms have been described in conditions associated with increased intra-abdominal pressure, such as heavy physical exercise, as reported in a PICC-port case (2).

In cases of sudden device malfunction, tip migration should be considered among possible causes.

Careful management of constipation and patient education may help reduce the risk of this uncommon but potentially clinically relevant complication.

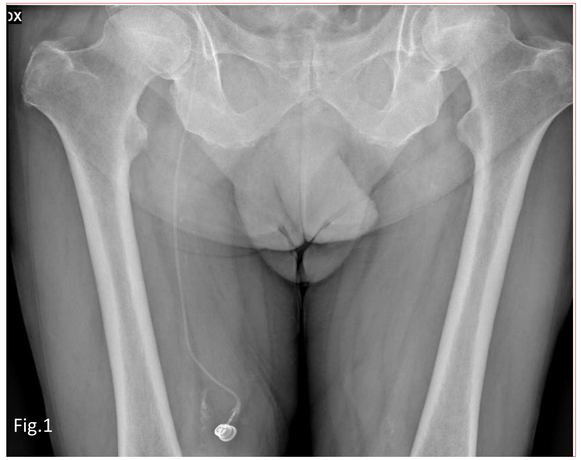

Fig.1

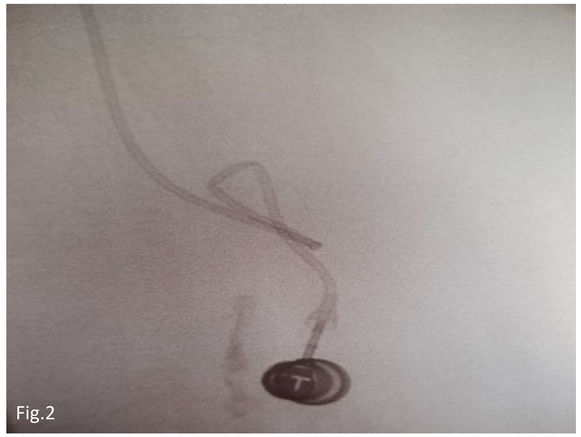

Fig.2

1. Annetta MG, Marche B, et al. *Totally implanted central venous access devices inserted by the femoral route: A narrative review and the proposal of a novel approach, the FICC-port*. J Vascular Access. 2024;26(3).

2.D'Arrigo S, Annetta MG, et al. Secondary malposition of a PICC-port due to heavy physical exercise: a case report. J Vasc Access. 2011;24(3).