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Symptomatic Right Ventricular Catheter Embolization After Port-A-Cath Manipulation

Vien X. Nguyen, MD[1,2]
Alvin C. Silva, MD[2]

[1] Department of Hospital Medicine, Sumter Regional Hospital, Americus, Georgia.
[2] Department of Radiology, Mayo Clinic, Scottsdale, Arizona.

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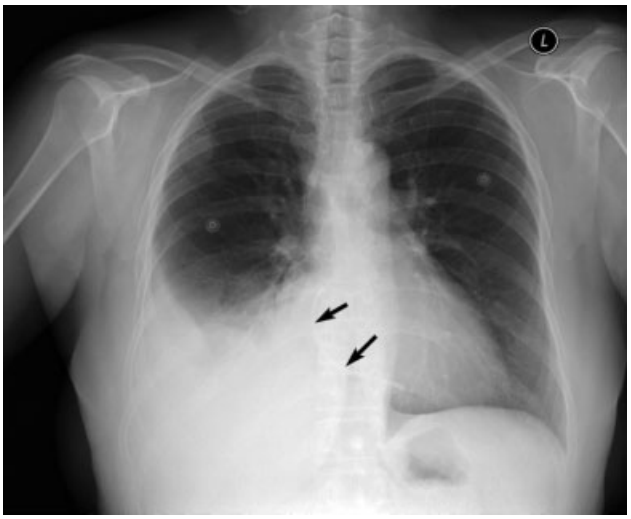

FIGURE 1. Chest x-ray, with arrows pointing to the catheter fragment spanning the right atrium and ventricle.

FIGURE 2. Chest computed tomography (CT), with arrow pointing to the dislodged catheter.

A 59-year-old white female, with a 3-year history of Port-A-Cath (PAC) placement for abdominal mesothelioma, presented with 2 episodes of cardiac palpitations. The onset of palpitations occurred 2 days prior to admission, following 15 minutes of vigorous but failed attempts to access the PAC with normal saline and tissue plasminogen activator at her oncologist's office. Although asymptomatic at the time of manipulation, each episode was triggered by subsequent exertion, lasting for about 1 minute, and not associated with chest pain. Electrocardiogram showed normal sinus rhythm and occasional premature ventricular contractions. A chest x-ray showed a catheter fragment spanning the right atrium and ventricle (Figure 1). Computed tomography (CT) scan confirmed a 10-cm dislodged catheter (Figure 2). Following emergent catheter retrieval via right-sided heart catheterization, the patient's symptoms resolved. At least 42 cases of catheter embolization have been reported in the recent literature.[1] Of these cases, only 7% had palpitations. Although rare, catheter fracture should be considered in patients with palpitations and history of indwelling venous catheter.

Address for correspondence and reprint requests:
Vien X. Nguyen, MD, 13400 East Shea Blvd., Scottsdale, AZ 85259; Telephone: 480-301-6990; Fax: 480-301-6737; E-mail: nguyen.vien@mayo.edu Received 29 January 2009; revision received 24 April 2009; accepted 3 May 2009.

Reference

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