A travelling Port-a-Cath in a 2-year-old

A patent foramen ovale may be dangerous … even in childhood

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A 2-year-old boy was diagnosed with acute lymphatic leukaemia. For treatment a Port-a-Cath system was implanted surgically in standard fashion via the right subclavian vein (fig. 1).

After the end of treatment and uneventful follow-up it was decided to remove the Port-a-Cath system surgically. A chest X-ray was performed prior to the intervention (fig. 2), which showed that, in the meantime, asymptomatic disconnection of the canula from the box of the system had occurred. The catheter embolised into the heart, with one end of the canula being in the right atrium just above the tricuspid valve while the other end passed a patent foramen ovale (PFO) and remained stuck in the ostium of the upper left pulmonary vein, as also verified by echocardiography.

In the catheterisation laboratory, transvenous removal of the catheter was easy and uneventful; it was caught with an Amplatz Goose Neck snare from the proximal end in the right atrium and brought out through a 8F Mullins long sheath. No resistance was felt when it was removed from the left pulmonary vein and through the PFO. Had the canula completely crossed the PFO and embolised into a sensitive vascular bed like that of the brain the incident could have found a fatal end.

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