

Indications, Efficacy and Safety of Chemoport in Children: A Study from a Tertiary Center

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Abstract

Introduction: Long term venous access is cumbersome in the pediatric age group due to thinner caliber veins, easy compromise of venous integrity and less co-operative nature of children. Few studies are available that look at the use of chemoports in children and their complications.

Method: A retrospective analysis of children who underwent chemoport insertion from January 2008 to December 2017 was carried out.

Results: A total of 159 children (169 chemoports) were included in the study. The most common indication for chemoport insertion was acute lymphoblastic leukemia (52%). The mean chemoport days were 746 ± 666 days. Among the 169 chemoports, 55% underwent chemoport removal as they completed the treatment. Chemoport hasn't been removed in 35% patients as 28% patients are still under treatment and 7% patients expired during the treatment. Sixteen (0.1 per 1000 chemoport days) patients had a premature removal of chemoport. The indications were port-related bloodstream infection (12 patients), port pocket infection (one patient), exposed chemoport (one patient) or blockage of the chemoport catheter (two patients). There were a total of 22 (0.15 per 1000 chemoport days) complications with port-related bloodstream infection (0.09 per 1000 chemoport days) being the commonest. Other complications include blockage, fracture, arrhythmias, avulsion, bleeding and decubitus over port, and port pocket infection.

Conclusion: The safe, reliable and low complication rate of chemoport helps us save more children from deadly illnesses. A standard technique of insertion, use of imaging modality, and well-trained nursing staff can bring down the complication rate to a negligible amount.

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