A 37 year old female diagnosed as a case of acute myeloid leukemia (AML) underwent allogenic stem cell transplant. A 12.5 French triple lumen Hickman's catheter was inserted via right internal jugular vein under fluoroscopic guidance. Post insertion X-ray confirmed desired position of the catheter tip (Fig. 1). Two days post insertion she developed mild pain in the nape of neck which increased gradually and examination revealed spasm of right trapezius muscle and tenderness at the level of right mastoid tip. On repeat X-ray the catheter tip was seen in cephalad direction in the internal jugular vein (Fig. 2). There was no swelling or any evidence of fluid extravasation. The Hickman's catheter was then removed and another central venous catheter inserted through the left internal jugular vein. The patient underwent stem cell transplant successfully and was discharged in good condition.

Central venous catheters are important in stem cell transplant patients, especially in allogenic transplant. They are required for high dose chemotherapy, total parental nutrition, blood and platelet transfusion, management of graft versus host disease etc. Hickman’s catheter is usually inserted under general anaesthesia with fluoroscopic guidance and is secured with sutures at the exit site. In addition to this the bulb of the catheter gives additional protection in the subcutaneous tunnel. Mechanical complications of central venous catheters are migration of tip, dislodgement of catheter, fracture and embolisation of tip and guidewire, fissure, rupture and total luminal obstruction. Central venous catheter tip migration is more common with peripherally inserted catheter than with the centrally placed ones (98% vs 2%). Migration of central catheter tip is not associated with side of insertion or gender of patient. There is no obvious explanation for the migration of the catheter tip in this case.

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Received : 13.5.2005; Revised : 1.10.2005; Accepted : 28.11.2005

REFERENCE