A 51-year-old woman was referred for angiographic extraction of a foreign body. She underwent left mastectomy with axillary clearance for breast cancer followed by chemotherapy and radiotherapy 8 years before this. A chemotherapy port was implanted below the right clavicle with catheter access into the right subclavian vein at that time. After she had completed chemotherapy, she was lost to follow-up, until she represented 8 years later with persistent cough.

The chest x-ray (Figure 1A) showed a foreign body comprising an ellipsoid head and a flagellating tail on fluoroscopy (see video, Supplemental Digital Content 1 [http://links.lww.com/JTO/A86]; see video, Supplemental Digital Content 2 [http://links.lww.com/JTO/A87] for a close-up; and see video, Supplemental Digital Content 3 [http://links.lww.com/JTO/A88] for a 180° surround view). A computed tomography scan of chest demonstrated embolization of the fractured chemo port catheter. The catheter segment (Figure 1B, arrow) was lodged between the pulmonary artery trunk and a branch of the left pulmonary artery. The distal end of the catheter was surrounded by a 3.7-mm-diameter calcified tissue mass (Figure 1B, arrowhead).

The patient declined angiography in view of the risks associated with extracting a heavily calcified and embedded catheter tip. The chemo port was still located below the right clavicle with a stump of the catheter connected to it. We hypothesize that entrapment ("pinch off") and friction of the catheter between clavicle and first rib over many years resulted in fracture and embolization of the catheter.

Increasingly, specialist nurses are responsible for the care of patients with central venous catheters and the removal of the devices.1 Current guidelines recommend the removal of unused ports.2 Case reports of embolized port catheters or so-called totally implanted venous devices are rare. Only about a third of the embolic events reported were localized in the pulmonary arteries, and about a quarter of patients were asymptomatic at the time of diagnosis.3

Catheter embolism may go undetected for prolonged periods of time and is often diagnosed incidentally. The risk of serious complications for patients with asymptomatic catheter embolism is unknown. Embolized catheter fragments should be removed to prevent further complications.

REFERENCES