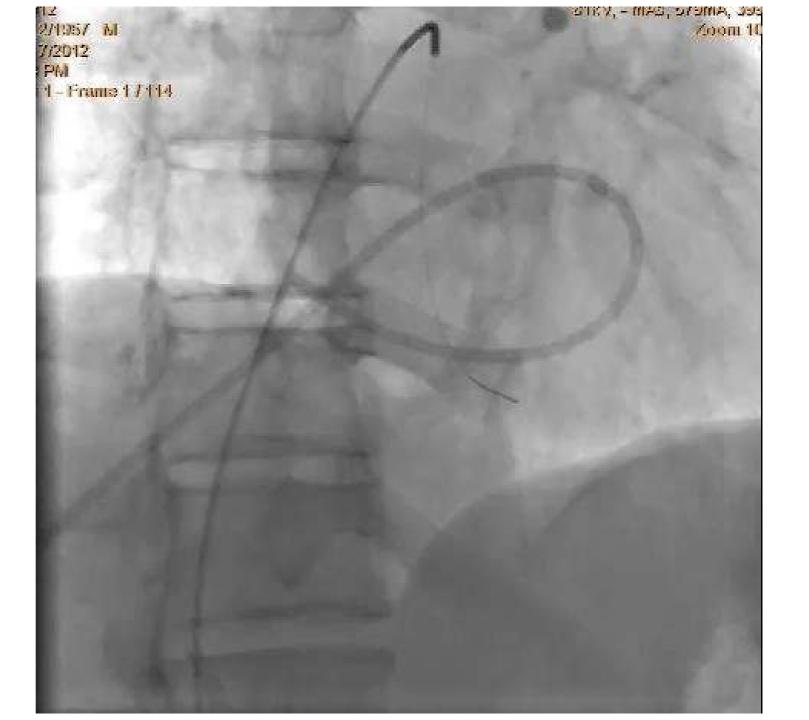
Migrated Central Venous Catheters

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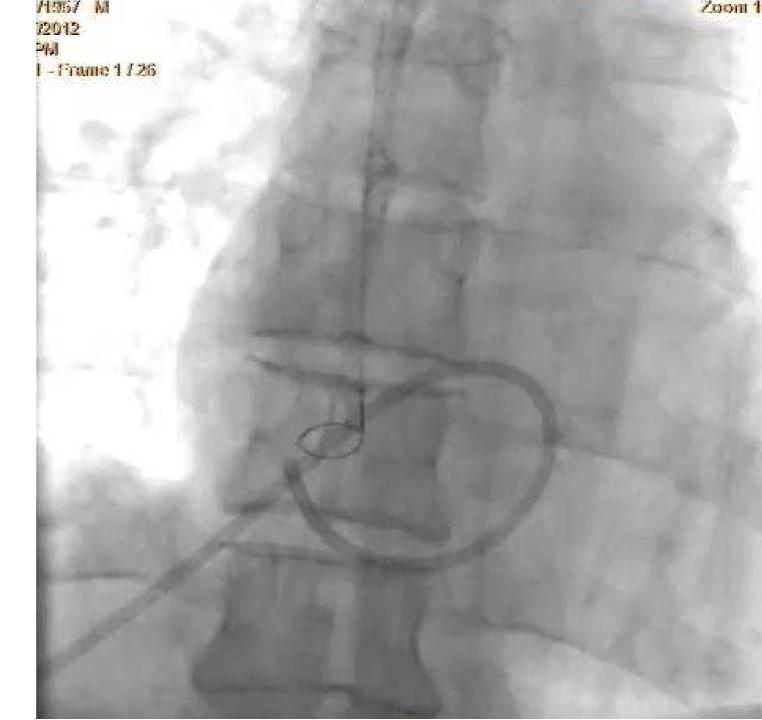
Scout TF Angiogram



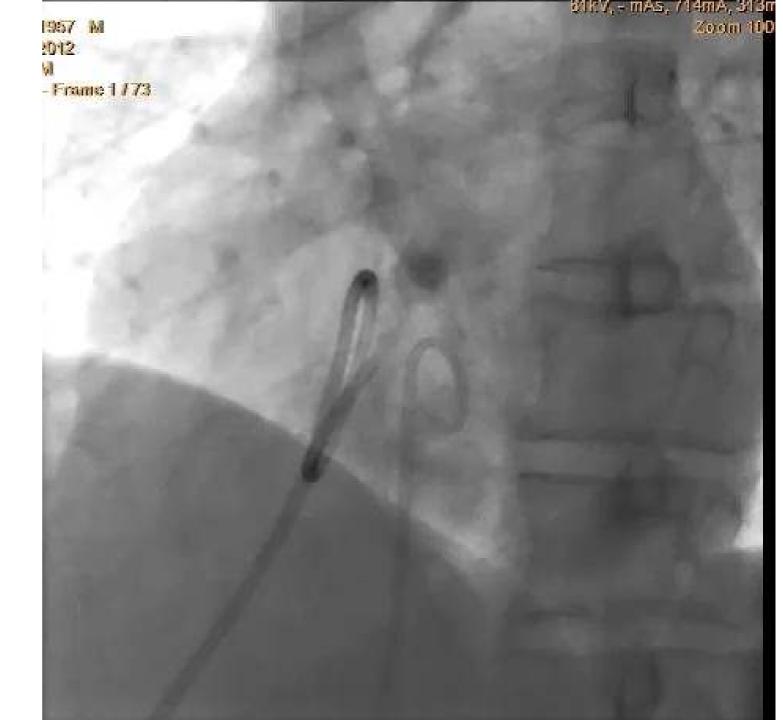
Transjugular angiogram



Snare failed from above



PT catheter



Unfortunately, the moment of extraction was not recorded



Causes of catheter migration

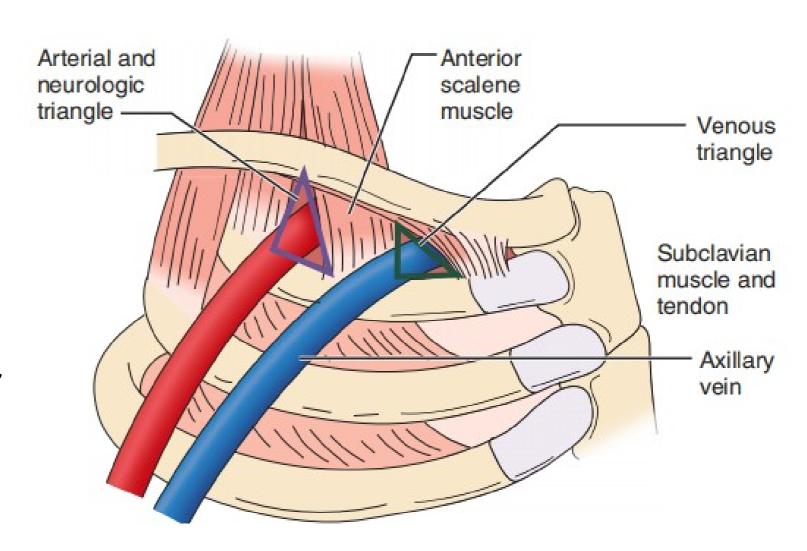
- •Inappropriate insertion technique
- •Material defect/fatigue
- Patient factor

The pinch off syndrome

Of these causes, the 'pinch off syndrome' (POS) represents the commonest factor (40.9%) behind catheter migration after being inserted through subclavian vein.

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Grades of pinch off syndrome

Hinke et al.(1990) classified the POS into 4 grades

- 0 = normal,
- 1= abrupt change In the course,
- 2= abrupt change in the course with luminal narrowing, and
- 3 = catheter fracture

Time to fracture

Eight in 112 cases of POS described by Mirza et al. (2004), 5.3 month was the average period between catheter insertion and occurrence of POS.

Where it dwells?

Migrated venous catheters remain

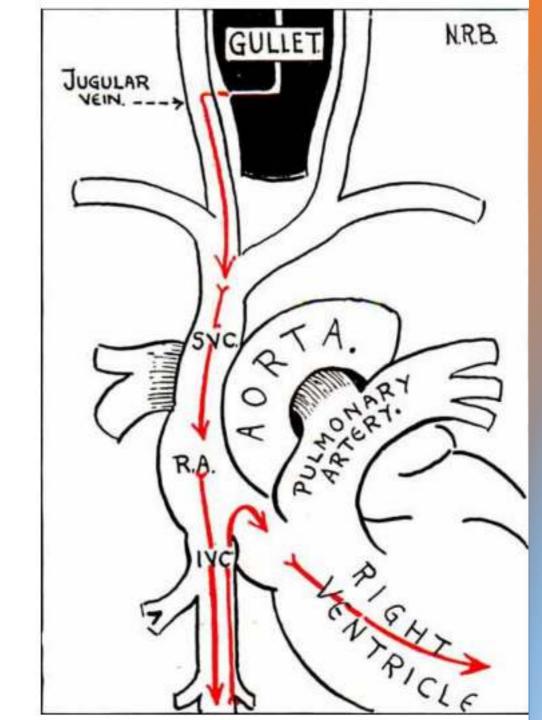
- in 46% of cases in the venous system,
- in 35% go to reside right side of the heart and
- 19% of instances reach the pulmonary artery.

Migration & Retrograde migration

Once inside a vein sterile foreign bodies are influenced by forces, which are generally opposed. The blood stream tends to sweep them towards the heart; gravity often pulls in the other direction. Objects, which float rise upwards, and others sink. 'Migration' and 'retrograde migration' are to be expected. The weight, size, shape, and consistency of an object are also concerned.

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Percutaneous retrieval

 Percutaneous retrieval of foreign bodies is currently used in more than 90% of cases. The success rate of this method mounts to 97.8% Safe, effective, easily reproducible and perhaps less costly makes the endovascular retrieval of migrated catheter the treatment of choice.



