

EPIDEMIOLOGY

CATHETER-RELATED THROMBOSIS VS FIBROBLASTIC SLEEVE. INCIDENCE AND IMPACT IN ONCOLOGICAL AND HEMATOLOGICAL PATIENTS WITH PERIPHERALLY INSERTED CENTRAL CATHETER

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Introduction. Oncohematological patients often have peripherally inserted central venous catheters (PICC). Associated complications are venous thrombosis or fibroblastic sleeve. The correct discrimination between the two is important, as they are similar by ultrasound, but their management is different, with anticoagulant therapy needed only for thrombosis.

Materials and Methods. In a cohort of 45 consecutive oncological patients with PICC, we evaluated the incidence of catheter-related thrombosis (CRT) versus fibroblastic sleeve (FS) at 7-10 and 28-30 days. The type of oncological disease was also assessed.

Results. FS was identified in 11 patients (24.4%): 6 at 7-10 days (13.3%) and 5 at 28-30 days (11.1%); 5 patients (45.6%) had gastrointestinal cancer, 2 (18.1%) had respiratory tract cancer and 4 had breast cancer (36.3%). CRT was identified in 5 patients (11.1%): 3 at 7-10 days (60.0%) and 2 at 28-30 days (40.0%); 3 patients had gastrointestinal cancer (60.0%), 1 (20%) gynecological cancer and 1 (20%) onco-hematological disease. Three thromboses were asympto-

matic (60.0%). The relationship between vein diameter and development of fibroblastic sleeve/thrombosis was not significant ($p=0.069$), whereas the relationship between the timing of the complication and the platelets count (OR 1.03, 95% CI: 1.01 - 1.08) was statistically significant ($p=0.039$).

Discussion. FS is frequent (24.4%), however mainly asymptomatic, in cancer patients. CRT is less frequent (11.1%), but it carries significant morbidity. Discrimination between FS and CRT is clinically relevant in order to avoid unnecessary anticoagulation and its potentially serious side effects.

References

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