

Non-Hodgkin's lymphoma in a totally implantable subcutaneous venous access port system

Subcutaneous implantable infusion systems are used in patients with cancer to give adjuvant chemotherapy. Such patients usually require long term venous access but treatment often provokes chemical phlebitis if the agents are infused into peripheral vessels.¹⁻³ We present the first described case of a tumoral relapse as a complication of a Port-a-Cath® central venous access system.

A 68-year old woman was diagnosed as having a diffuse large cell non-Hodgkin's lymphoma with bulky abdominal involvement (IV-A). A Port-a-Cath® subcutaneous implantable venous access port system was placed in the right subclavian vein. The patient received induction chemotherapy and achieved complete remission after the first three cycles. Ten months after diagnosis she complained of a subcutaneous mass at the site of the central catheter. Initially the mass appeared to be a local fibrotic reaction, but as it progressively increased in size it was decided to extirpate it (Figure 1). The histologic examination confirmed relapse of non-Hodgkin's lymphoma (Figure 2). A Local radiation therapy was administered to the catheter site. At present, six months after radiotherapy, the patient remains in complete remission.

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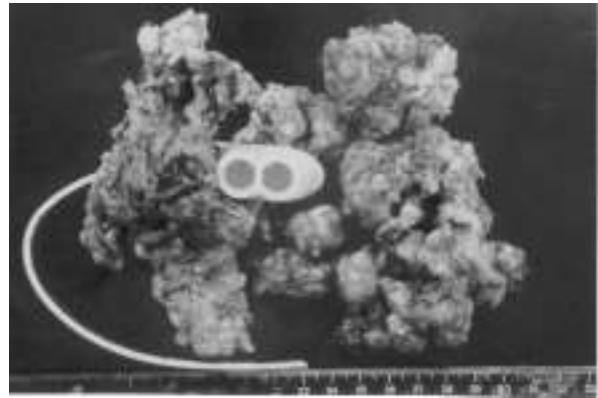


Figure 1. Tumor fragments involving a Porth-a-Cath® central venous catheter.

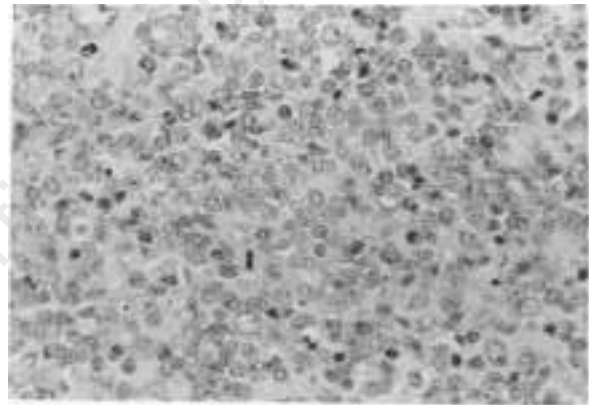


Figure 2. Histology of the mass. There are tumor cells with large nuclei and prominent nucleoli. The image shows wide areas of necrosis and numerous mitoses.