

# USE OF CENTRAL VENOUS CATHETERS IN CHILDREN WITH HAEMOPHILIA LONG- TERM INVESTIGATIONS IN POLAND

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## Introduction

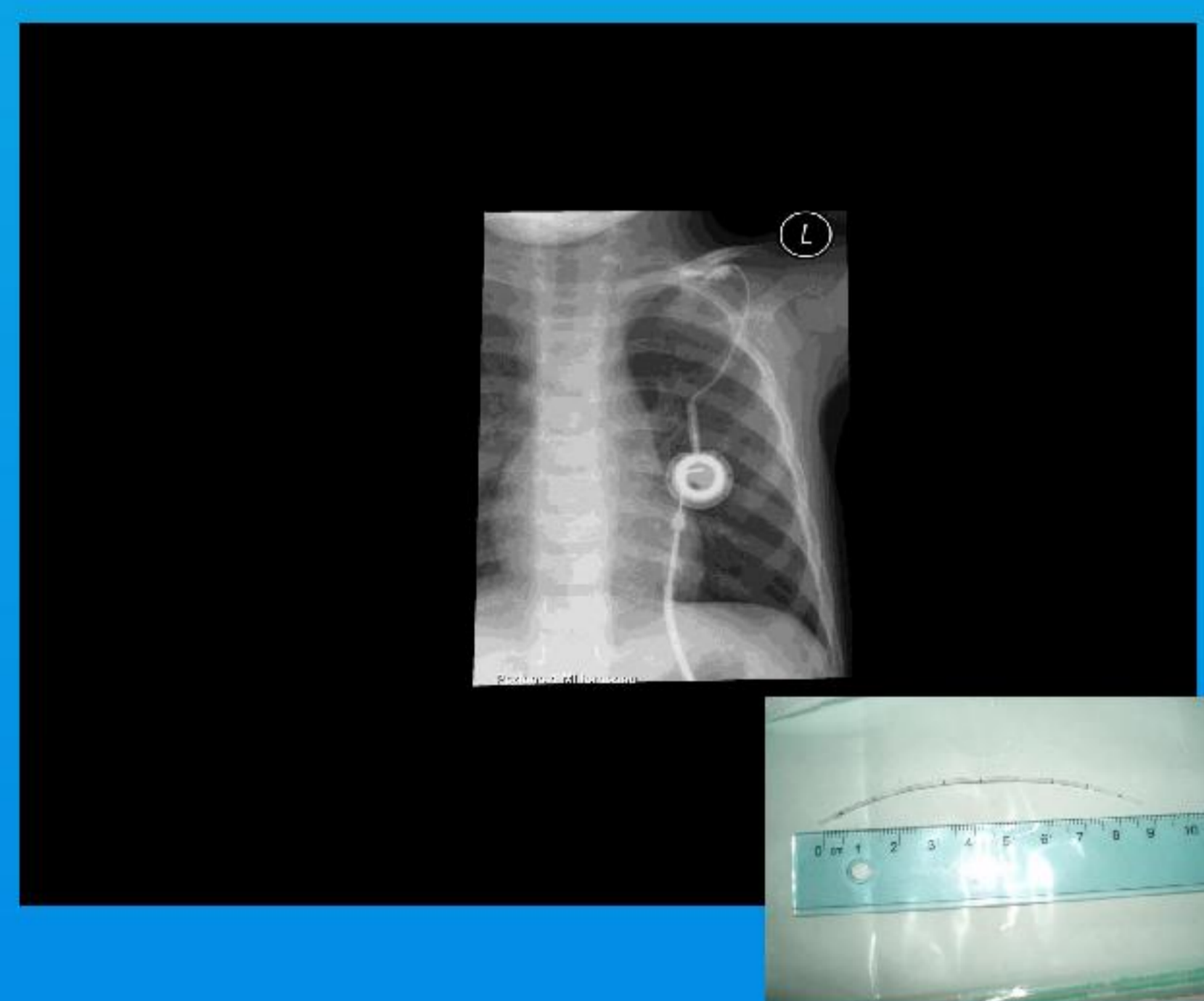
The use of central venous catheters (CVC) is essential in the management of young haemophiliacs who need frequent infusions. For most haemophilia centres and families, the first choice of venous access is a peripheral vein and this is usually sufficient for the planned therapy. However, in many cases, the use of a central venous line (CVL) is necessary and will facilitate treatment of the youngest children with the most problematic peripheral venous access. Implantation of a central venous catheter device introduces a risk that has to be balanced against the potential benefits in the individual patient. Sometimes, it is a combined medical and social indication for the use of a CVL because it may enable treatment at home by the parents. Central venous lines (CVL) are recommended for these children.

## Methods

Since 1997 CVCs have been used in our department. 72 CVCs (port-a-cath) have been inserted in 55 patients aged 3 months to 18 years.

## Results

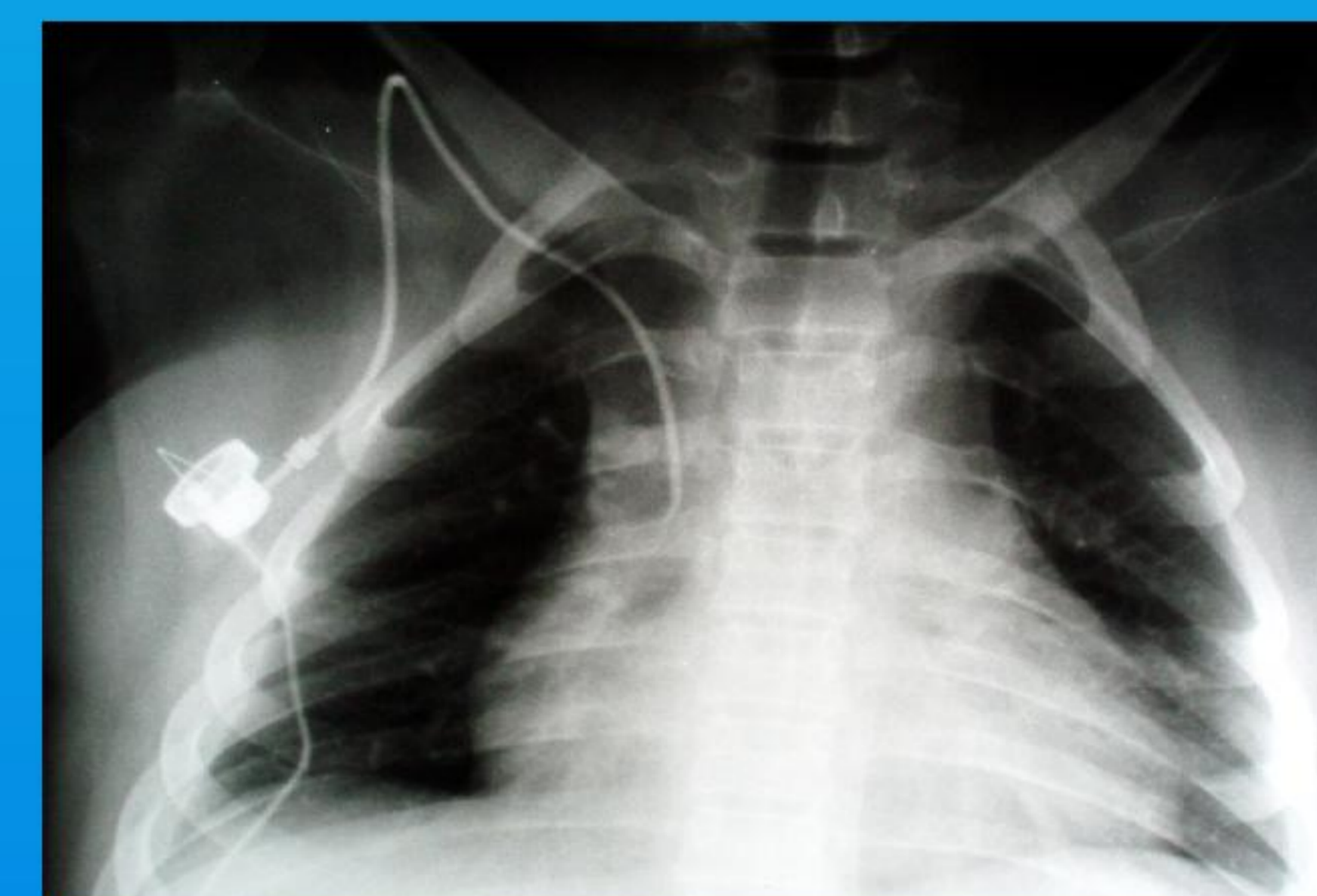
53 patients had haemophilia A and 2 had haemophilia B. 21 out of 55 had haemophilia A complicated by high-titre inhibitors. In 2 patients CVCs were inserted three times, in 11 patients these catheters were inserted twice and the remaining patients (44) they were inserted once. The period of vasuport use ranged from 2 to 103 months. CVL infections were observed 19 times in 12 children. All infected ports were successfully treated with antibiotics, thrombotic complications occurred in 7 boys 11 times. In 2 cases the ends of the CVCs got torn and moved to the heart and in 2 other cases the reservoir started leaking.



Mechanical failure



Untight



„Upside down”



Local haemorrhage



Deep venous thrombosis



## Conclusion

Our investigations show that CVLs are convenient in use but complications can occur.

