

1

2 3

:
: 2006 1 2007 6
325 108
(n=89) (n=19) 9.6 F
:
(187, 21,994) 85 2 -461
7 (6%)
가
1
2 가 가 3 (3%,
0.14/1000 Catheter Day), 2 (2%, 0.09/1000 Catheter days)가

가
가
가 (1, 2). (3-5).
가 ,

2006 1 2007 6
325
108 32-80 (47
) 가 19 , 가 89 .

2007 11 25 2008 1 8

5 108 105

3 가 (n=73), (n=35) 가 24 가 89 , 가 19 가 (Demerol ,) 50 mg , 2% (lidocaine HCl,) 20 cc 가 38.3 1,000 Catheter day (peel away sheath) 22 Gauge 19 14 5 (probe) , Total Catheter Days: 21,994 (287) (186) 0.018 inch , 5 85 가 78 , 7 (6%, 0.32/1,000 Catheter day)가 가 9.6F (Bard Inc, Salt Lake City - (Air embolization) USA Braun Medical, Boulogne France) 가 (n=94) 가 1 (n=14) 5 cm 가 가 2 (2%)가 2 (Vicryl , Johnson & Johnson, Netherland) 가 3 (3%, 0.14/1000 Catheter Day)가 가 2 , 가 1 가 2 1 3 (non - coring needle) (Heparin sodium 100 IU/mL, ,) 2 (2%, 0.09/1000 Catheter days) 1 2

1 .

가 가
가 1 가

14 가 , 가 가
(Fig. 1).
2

가 가 가

가 가

가 (6, 7).
가 McCown (8)

가 가 가

15 F
가 (3).
가
9.6 F

가 가 가

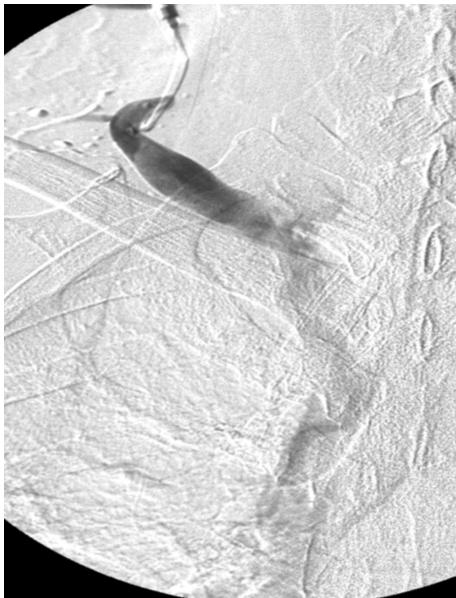
(sternocle -
idomastoid muscle)

가
가 가
(Fig. 1C, D).

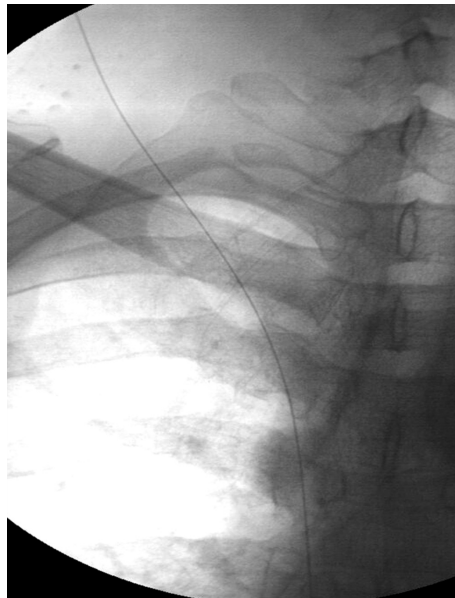
1 cm

가
22 G 가 가

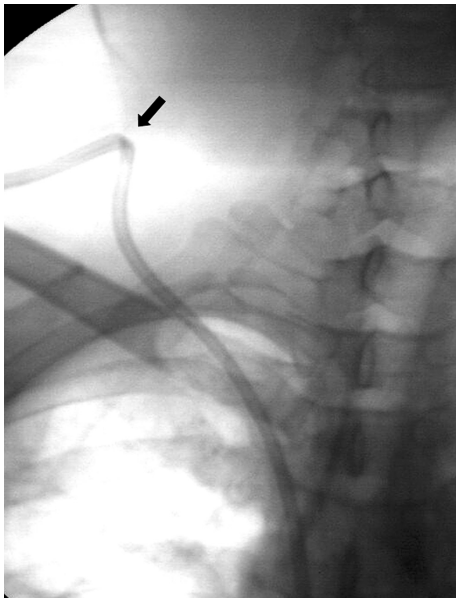
가



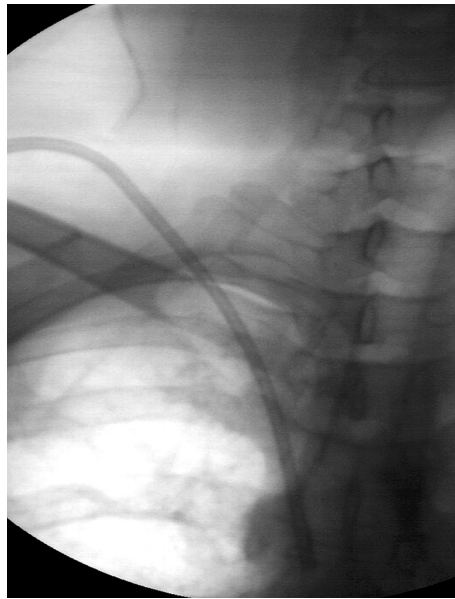
A



B



C



D

Fig. 1. Catheterization through the right external jugular vein

A. Venography shows the insertion of the right external jugular vein into the subclavian vein.

B. Passage of a guide wire straightens the angle of insertion of the right external jugular vein into the superior vena cava.

C. Chest radiography performed after catheter insertion shows kinking of catheter at the puncture site (arrow).

D. Kinking of the catheter is disappeared after pulling of the catheter.

(4).

가 가

(7, Alain (9)

9, 10).

3

11.7%가

24%

가

McCown (8)

23% (3/13)

가

22

가

가

67 134

가 (9)

가

2

2

가

가

가

(9, 11, 12).

가

가

가

(fibrin sheath)

가

(186)가 (287)

가

가

Vesely (13) 0.13% (15/11583)

100%

가 (valsalva's maneuver)

가

(14).

가 2 (2%, 0.09/1000 catheter days)

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2002;47:467-472

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The placement of an Implantable Chemoport via the External Jugular Vein as a Primary Route¹

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Purpose: To evaluate the usefulness and safety of the placement of an implantable chemoport via external jugular vein as a primary route for chemotherapy.

Materials and Methods: Between January 2006 and June 2007, a total of 108 implantable chemoports were placed on 325 patients for chemotherapy via the external jugular vein as a primary route. We placed a 9.6 F single lumen chemoport using a surgical procedure ($n=89$) and an interventional procedure ($n=19$), and evaluated the duration of catheterization days and treatment complications.

Results: An implantable chemoport was successfully installed in all cases. Furthermore, the duration of catheterization ranged from 2 to 461 days (mean: 187 days, total catheter days: 21,994). In addition, a total of 85 chemoports were removed due to complications ($n=7$) and termination of chemotherapy ($n=78$). A transient pulmonary air embolism occurring during a procedure was observed in one case. No pneumothorax or catheter malpositions were observed in the study subjects. Two chemoports were removed two days after implantation due to persistent tachycardia. In addition, five late complications occurred, which resulted in catheter occlusion (3 cases) (3%, 0.14/1000 catheter day) and infection in (2 cases) (2%, 0.09/1000 Catheter days). Lastly, no symptoms were attributed to a central vein thrombosis.

Conclusion: The results of this study suggest that the implantation of chemoports via the external jugular vein is a safe procedure. Moreover, the selection of the external jugular vein as a primary route is useful in determining chemoport insertion locations

Index words : Catheterization, central venous
Catheters, indwelling
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