Chronic thromboembolic pulmonary hypertension and totally implantable central venous access systems

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Long-term TICVAS implantation may contribute to the development of CTEPH and have a negative impact on perioperative survival after PEA. Clinicians should be aware of this potential late complication of TICVAS. https://bit.ly/2OmonHZ

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To the Editor:

Chronic thromboembolic pulmonary hypertension (CTEPH) is caused by obstruction of the pulmonary arteries by unresolved, organised thrombi, with a concurrent microvasculopathy [1–3]. Several medical conditions are associated with the development of CTEPH, including lupus anticoagulant/antiphospholipid antibodies, splenectomy, chronic inflammatory disorders, cancer, ventriculoatrial shunts and infected cardiac pacemakers [3–5]. Patients with a clinical history of totally implantable central venous access systems (TICVAS) and CTEPH have been reported in expert CTEPH centres, but published data on this association are lacking. TICVAS are used for chronic intravenous treatment and for patients who require long-term intermittent vascular access. The main complications related to TICVAS are infection, thrombosis, catheter obstruction and migration [6]. Port-associated bloodstream infections are the most common complications, occurring in 5.6–8% of cases, with the primary microbiological pathogens isolated being *Staphylococcus epidermidis* and *Staphylococcus aureus* [6, 7].