

Clinical Image

Skin Erosion - A Rare Long-Term Complication of the Chemotherapy Port

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Clinical Image

A 64 year-old patient diagnosed in 2018 with triple-positive metastatic breast cancer presented at our clinic for the 19th administration of the targeted/chemotherapy treatment (Pertuzumab, Trastuzumab, Docetaxel and Zoledronic Acid) with erosion of the entire skin on top of the port for central vein access placed in the subclavicular area of her right chest wall, exposing the infusion port in the subcutaneous space. One month before, we noted an impaired integrity of the overlying skin, with inflammation, necrosis and a small ulceration, but without bleeding, drainage, edema, pain or systemic signs of infection. Considering the high risk of infections and sepsis, we immediately decided to explant the affected chemo port and implant another one [1-4].

The incidence of skin erosions over chest ports is low in adult oncologic patients, being a rare long-term complication, mainly caused by the atrophy of viable tissue covering the peripheral access, due to a substantial weight loss (Figure 1).

References

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Figure 1: A. Impaired integrity of the overlying skin covering the peripheral port placed in order to facilitate the administration of the treatment (observed at the 18th cycle); B. Erosion of the entire skin on top of the chemotherapy

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