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LONGTERM OUTCOMES FOR PORTS IN CHILDREN WITH CYSTIC FIBROSIS

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Aim of the study: Aggressive antibiotic therapy is a mainstay of managing patients with cystic fibrosis (CF), often requiring ports for long-term venous access. There is a paucity of literature on the long-term outcome of ports in the paediatric CF population. This is the first report on the survival of ports and the common reasons for failure in an exclusively paediatric CF population.

Methods: A retrospective review of patients with port insertion in a surgical centre for a regional paediatric CF network between 2008 and 2014 was performed. Data collected included age at surgery, site, survival time and reason for removal, and is expressed as percentage for categorical data and as mean ± standard deviation for continuous data.

Main results: Forty nine Port insertions were identified with mean age at insertion 9.52 ± 4.6 years (Range: 1- 17 years). A total of 28 (57.1%) ports were inserted for the first time and 21(42.9%) were revisions. 36 (73.5%) ports were inserted in the right internal jugular vein and 13 on the left (26.5%). 28 ports, (57.1%) survived for the observation period. 21 ports required removal with replacement; 4 (8.2%) were infected and 17 (34.7%) removed for mechanical/anatomical reasons. The mean follow up of these ports was 3.5 ± 2.2 years (Range 2months-8.3years). The median survival time for our ports was 5.6 ± 0.4 years CI:4.7-6.5 years. The age at insertion did not affect the possibility of failure (Student t test, p=0.642). The survival time of the removed ports did not correlate with the age of the patient (Spearman's rho, p=0.756).

Conclusions:

- In our experience Ports in CF patients survive 5 years.
- Age is not a predictive factor of the lifespan of the port.
- Mechanical problems are the major factor for removal/replacement in this age group.