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Coiled catheter for recurrent migration

Sir,

Double-cuffed Tenckhoff's catheters has been widely used for continuous ambulatory peritoneal dialysis (CAPD). Various techniques of insertion have been described with placement of catheter tip downwards into the pelvis for maximal drainage. One of the well-known complications of CAPD is migration of the catheter tip out of the pelvis which leads to inadequate drainage and dialysis. The incidence of this problem varies considerably from center to center (5–35%), depending on the surgical technique, the patient's body habitus, the presence of adhesions from previous surgeries, excessive omentum and the type of the peritoneal dialysis catheter [1]. Swan-neck coiled catheters were found to have advantages of coiled intraperitoneal segments in reducing the probability of infusion or tip pressure pain [2]. But only one study demonstrated that the double-cuff, swan-neck coiled-end configuration was associated with a considerably lower incidence of migration [3]. In that study, there was catheter tip migration in three patients with the straight catheters compared to one patient with the swan-neck coiled catheter [3].

We present a 28-year-old non-diabetic gentleman with hypertensive end-stage renal disease, who was initiated on CAPD in January 2010. He had no history of previous abdominal surgery. He underwent double-cuff swan-neck

curved CAPD catheter insertion by surgical technique. He was initiated on regular CAPD exchanges after a 2-week break-in period. After 1 month, he presented with catheter malfunction. Radiograph of the abdomen showed catheter migration to the right hypochondrium. He underwent catheter removal with repositioning of a new double-cuff swan-neck curved CAPD catheter into the pelvis by laparotomy. Within a month he had again recurrence of catheter migration with malfunction.

This time the existing catheter was replaced with a double-cuff swan-neck catheter with coiled tip. After 1 month of follow-up, the catheter position was re-examined, and the coiled-tip catheter had also migrated to the right hypochondrium but there was no complaint of malfunction. The catheter position was checked once the following month. It remained in the same position in right hypochondrium but without malfunction. The plausible explanation for the proper functioning, despite its migration to right hypochondrium, would be that the opening of the catheter remained directed down. Data on the use of coiled-tip catheters are scarce and it is known that migrated catheters might still function. The utility of a coiled-tip catheter for prevention of migration should be further investigated, but it should be remembered that such a coiled catheter might still function even after migration.

Conflict of interest statement. None declared.

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