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**A perilous journey through the heart: Ventricular tachycardia caused by a foreign body.**

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A 42 year-old man presented at another hospital with palpitations, presyncope and episodes of ventricular tachycardia (fig A). He was engaged on heavy exertion shoveling snow hours before admission. He had no risk factors for coronary artery disease or arrhythmic episodes in the past. Echocardiography<sup>2</sup> was normal. There was a history of breast cancer with chemotherapy delivered via a right subclavian polyurethane venous port-A-cath 6 years ago. The patient was referred to us for further investigations. On admission, arrhythmic symptoms had disappeared and ECG was normal. There were no symptoms suggestive of coronary artery disease or pulmonary embolism. Cardiac MRI and coronary angiography were normal. However, on fluoroscopy part of the port-A-cath was seen in the right pulmonary artery (fig B, arrows). In retrospective review of the MRI the fragmented part of the catheter could not be seen.

We obtained the chest X-ray from the initial hospital, performed synchronously to the arrhythmia. The port-A-cath was found broken near its entry in the subclavian vein with its distal part detached and seen downstream near the tricuspid valve, obviously causing arrhythmias (fig C and D, arrows). A chest X-ray, 2 years ago, showed that the port-A-cath was intact without "pinch off sign" (fig E arrows). The distal part of the port-A-cath was captured with a snare (fig F) and removed via the femoral vein (fig G), a procedure lasting 60 min with 21 min of fluoroscopy. The proximal part was removed transdermally (fig H).

Migration of venous catheters is not rare (1-3). In our case, the previously intact port-A-cath was fractured as a result of vigorous upper arm motion. The broken part travelled downstream through the tricuspid and pulmonary valves causing VT episodes, while later, it continued its journey to the pulmonary artery and the arrhythmia resolved.

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