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【 PICTURES IN CLINICAL MEDICINE 】

Spontaneous Repositioning of a Dislodged Atrial Pacemaker Lead

Yoshiyasu Aizawa, Ryo Konno and Akio Kawamura

Key words: pacemaker, complication, passive fixation lead, dislodgement

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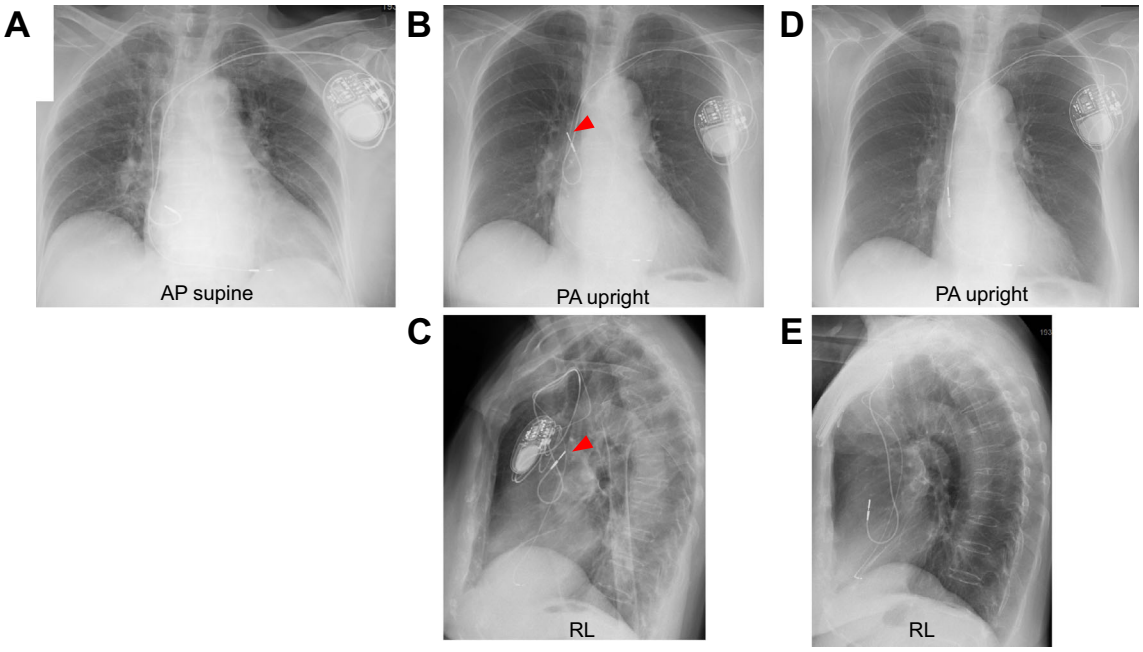

Picture.

A 95-year-old woman was implanted with a dual chamber pacemaker for a symptomatic 2:1 atrio-ventricular block with a heart rate of 40 bpm. Passive fixation leads were inserted into the right ventricular apex and right atrial appendage (Picture A). The next day after implantation, the atrial lead became dislodged and migrated into the superior vena cava (Picture B, C, arrowheads). Taking the patient's age and the risk of infection associated with a re-operation into consideration, we choose to conservatively observe the patient's course instead of performing a reoperation. The pacemaker was programmed from the DDD to VVI. A pacemaker check, which was performed 1 month later at an outpatient clinic, demonstrated the normalization of the atrial lead parameter. A chest X-ray revealed that the atrial lead had repositioned itself into the right atrial appendage (Picture D, E). The pacemaker was then reprogrammed to DDD and thereafter no further abnormality was observed. The incidence of lead dislodgement has been reported to range from 1% to 2.69% (1). Although a dislodged pacemaker lead can be repositioned using a catheter (2), we herein presented a rare case in which the malpositioning of an atrial lead resolved spontaneously.

The authors state that they have no Conflict of Interest (COI).

References

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Department of Cardiology, International University of Health and Welfare Narita Hospital, Japan
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Correspondence to Dr. Yoshiyasu Aizawa, yaizawa@iuhw.ac.jp

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