

[PICTURES IN CLINICAL MEDICINE]

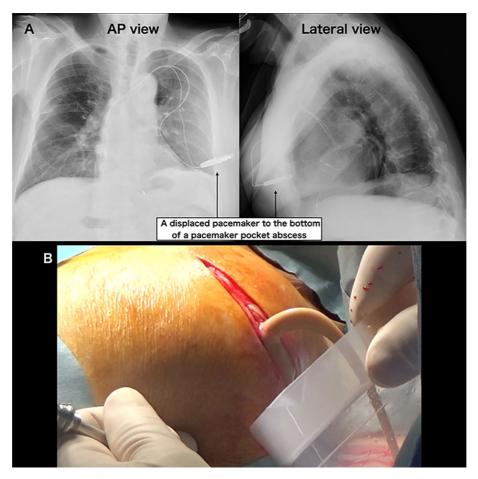
Gigantic Pacemaker Pocket Abscess Infected by Staphylococcus epidermidis

Takahiro Okano¹, Ayako Okada¹, Morio Shoda^{1,2} and Koichiro Kuwahara¹

Key words: pacemaker, abscess, Staphylococcus epidermidis

(Intern Med 61: 593-594, 2022)

(DOI: 10.2169/internalmedicine.8035-21)



Picture.

An 87-year-old man with a history of Hodgkin lymphoma that had been treated by chemotherapy at 60 years old and with a DDD-pacemaker implanted 13 years earlier came to our hospital. The location of his pacemaker, as shown by chest X-ray in a standing position, had markedly shifted,

showing horizontal displacement (Picture A). Blood cultures were positive for Methicillin-resistant *Staphylococcus epidermidis*. During transvenous lead extraction, a large quantity of reddish, milky-white pus was discharged from the pocket incision (Picture B). Two leads were successfully ex-

Received for publication May 26, 2021; Accepted for publication June 21, 2021

Correspondence to Dr. Morio Shoda, shoda.morio@twmu.ac.jp

¹Department of Cardiovascular Medicine, Shinshu University School of Medicine, Japan and ²Department of Cardiology, Tokyo Women's Medical University, Japan

tracted by a laser-assisted sheath (GlideLight; Philips, Amsterdam, the Netherlands). A leadless cardiac pacemaker (Micra; Medtronic, Minneapolis, USA) was implanted 14 days after the extraction, and the patient was discharged 3 days later without any complications over a subsequent follow-up of 12 months. Although a pacemaker pocket abscess is a well-known presentation among pacemaker-related infections, such a gigantic abscess, probably caused by the involvement of less tissue-destructive bacteria and the patient's compromised immune system, is quite rare (1, 2).

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

Takahiro Okano and Ayako Okada contributed equally to this work.

References

- Kusumoto FM, Schoenfeld MH, Wilkoff BL, et al. 2017 HRS expert consensus statement on cardiovascular implantable electronic device lead management and extraction. Heart Rhythm 14: e503-e 551, 2017
- Carrillo R, Healy C. Prevention and management of procedural complications. In: Clinical Cardiac Pacing, Defibrillation, and Resynchronization Therapy. 5th ed. Ellenbogen KA, Wilkoff BL, Neal Kay G, Lau CP, Auricchio A, Eds. ELSEVIER, Philadelphia, PA, 2017: 902-910.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).

© 2022 The Japanese Society of Internal Medicine *Intern Med 61: 593-594, 2022*