

An extraordinary case of cardiac pacemaker lead self-extraction

Kendi kendine sıradışı kalp pili kablosu çıkarma olgusu

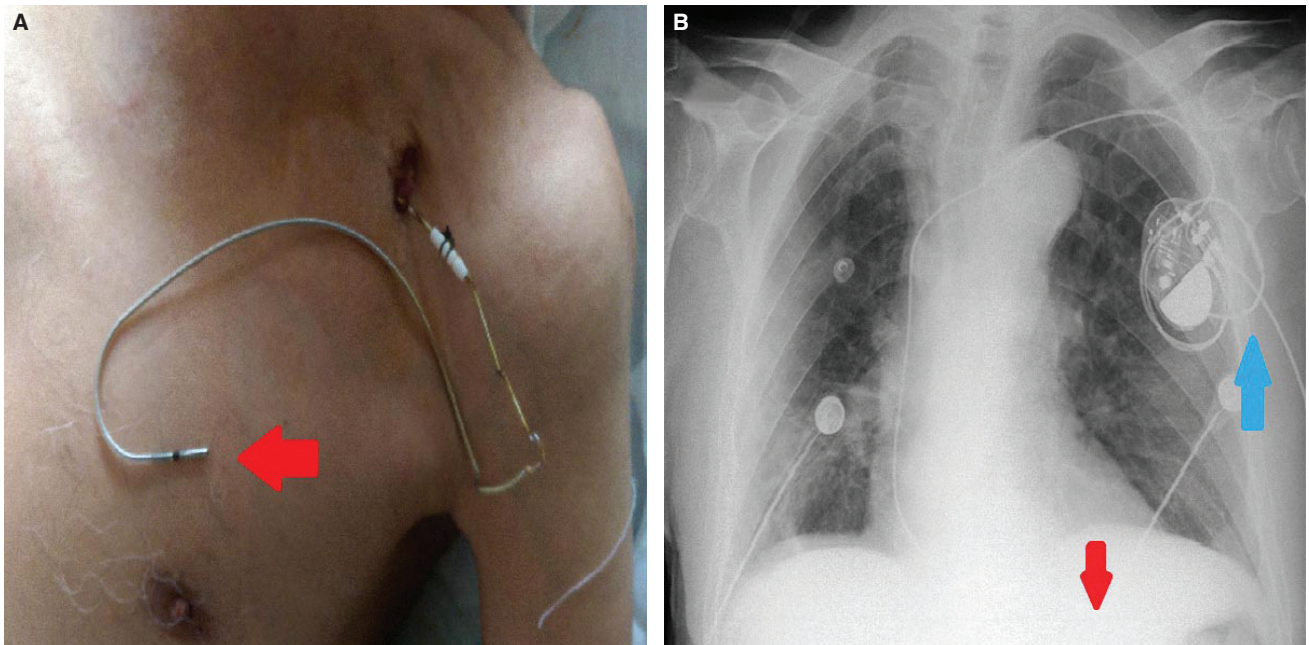
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An 87-year-old man was referred to our institution after self-extraction of the atrial lead of a DDD-R cardiac pacemaker implanted for symptomatic total atrioventricular block 2 years previously. The patient claimed to have understood the

lead to be a suture thread and thus had pulled the entire atrial lead out without realizing, probably after the lead eroded the pocket and became visible. He was completely asymptomatic. There were no signs of inflammation or necrosis at the pacemaker pocket site (Figure A). No pathological signs were found in the chest x-ray (Figure B). Echocardiographic evaluation did not show any valvular or lead vegetation, or pericardial effusion following 3 days of antibiotic treatment with amoxicillin/clavulanic acid and ciprofloxacin. The ventricular lead was not removed by manual traction. Transvenous lead extraction using a

Rotating Mechanical Dilator Sheath (TightRail™) and removal of the generator with surgical revision of the pocket area were performed. Cultures of the ventricular and intravascular lead segments revealed the presence of ciprofloxacin-sensitive *Staphylococcus epidermidis*, and antibiotic treatment was prolonged for other 21 days. The patient was not pace-dependent and was hemodynamically stable. Basal heart rate was 45 bpm. Therefore, transient pacemaker implantation was not performed. After revision and 21 days of antibiotic treatment, a VDD-R pacemaker implantation on the right side was performed through right subclavian vein access with right ventricular lead fixation. Factors predisposing skin erosion are tissue fragility in elderly patients, a thin subcutaneous fat layer, inadequate pocket size, and abrasive action exerted on the skin from external agents. The leads should be buried in the deep fascia especially in elderly patients with a thin subcutaneous fat layer. This case also demonstrates the importance of informing patients of the possible late complications of pacemakers.



Figures– (A) Atrial lead is out of the pacemaker pocket site (red arrow). **(B)** Red arrow shows active right ventricular lead, blue arrow shows atrial lead in the chest X-ray.