STUDIUM PRZYPADKU / CLINICAL VIGNETTE

Embolisation of permanent pacemaker lead to pulmonary artery: a 15-year follow up

Przyrośnięcie pokrytej skrzepliną elektrody stałego stymulatora serca do ściany tętnicy płucnej: obserwacja 15-letnia

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A 78-year-old man was admitted to the hospital for epicardial pacemaker (PM) battery replacement. His past medical history included PM pocket infections on both infraclavicular sides. Simple traction to remove the non-functioning leads was ineffective. Therefore bilateral endocardial leads were left in place with removal of infected batteries. Meanwhile, he underwent epicardial permanent PM implantation. At the six month control, echocardiography and computed tomography (CT) showed that the right abandoned subclavian lead had migrated to the pulmonary artery. He has been followed with this migrated lead to the pulmonary artery since 1998. In the present report, we would like to show the extraordinary position of the right subclavian lead with multiple imaging modalities. Chest X-ray is compatible with migrated proximal end, with distal tip remaining fixed at right ventricular apex (Fig. 1). Echocardiographic evaluation demonstrated that the PM lead had crossed the pulmonary valve and was stuck in the pulmonary artery (Fig. 2). Finally, CT imaging clearly showed that the proximal tip of the PM lead was embolisated to the right pulmonary artery (Fig. 3). His medical treatment had included only oral anticoagulation because of atrial fibrillation of several years' duration. It is worth noting that during the 15-year follow up, there has been no complication related to the lead embolism. Therefore, we decided to follow up the patient without intervention.



Figure 1. On chest X-ray, right side pacemaker lead proximal tip (arrow) was migrated from right subclavian vein to pulmonary artery

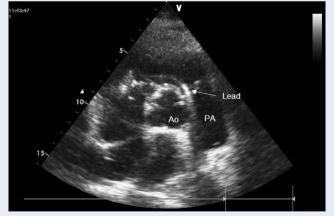


Figure 2. Parasternal short axis echocardiographic view demonstrated pacemaker lead stuck in the pulmonary artery (PA); Ao — aorta



Figure 3. Computed tomography imaging showed that the proximal tip of pacemaker lead was embolisated to the right pulmonary artery (PA); Ao — aorta

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