

CASE IMAGE

An extremely unusual pacemaker complication*Son derece sıradışı kalp pili komplikasyonu*

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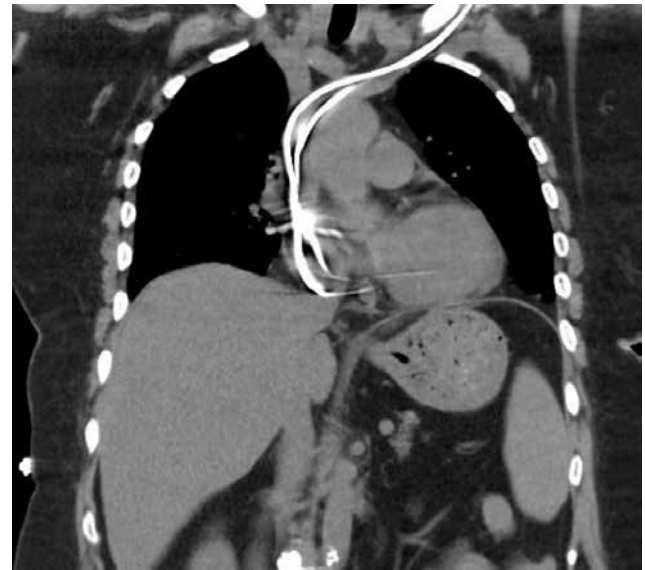
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A 56-year-old female patient with previous history of diabetes, hypertension, and dyslipidemia presented with dizziness, and was diagnosed with second-degree atrioventricular block. A dual-chamber pacemaker was implanted using passive leads. Following the procedure, the patient

complained of chest discomfort and dyspnea. Echocardiogram revealed a thin pericardial effusion. Treatment was initiated and the patient was discharged after 4 days. Two days later, the patient was readmitted with dyspnea and chest pain. Echocardiogram showed apical hypokinesia. Troponin T and brain natriuretic peptide were elevated, with only a slight decrease in hemoglobin. Cardiac angiogram showed no coronary lesions. To better characterize the findings, thoracic computed tomography was performed and revealed that the ventricular electrode had an extra-lumen path, leaving the subclavian vein at the left brachiocephalic level and reentering the true vessel at the level of the superior vena cava, presenting a false path of 27 mm (Figure). The patient was conservatively managed and discharged after 8 days, without further event. Although rare, procedural complications must be considered. The patient presented with clinical symptoms

that were nonspecific, and more benign than would be expected, given the complication. As the lead had not been pulled back, the surrounding structures might have stopped the bleeding, as no signs of venous hypertension were present and there was no use of anticoagulation therapy. Although not diagnostic, the regional wall abnormalities may have resulted from a Takotsubo-like aggression. No specific cases of venous extra-lumen path have been addressed, but a conservative approach may be indicated in cases without hemodynamic instability or major hemoglobin fall.



Figure—Thoracic computer tomography showing the ventricular electrode extra-lumen path.